

Martin Community College Leon's Law Parent/Guardian Opt-Out Form

Student Informat	ion	
Full Name: Date of Birth:		
Student ID (if known):		
Parent/Guardian	Information	
Full Name:		
Relationship to	Student:	
Phone Number		_
Email Address:	·	
Opt-Out Declara	tion	
who are depende		uardians of minor students (under age 18) tically granted access to their child's y colleges.
By signing this fo records. I unders		access to my minor child's education
	child will still be required to ack	on records covered under Leon's Law. nowledge parental access under Leon's
	is opt-out may be revoked at any e college's registrar.	time by submitting a written request to
Signature of Parent/Guardian:		Date:
	For College U	se Onlv
Date Received:		
Processed By:		
Notes:		
Once this form is	complete it must be submitted	to
Once this form is	s complete, it must be submitted Martin Comm	
	riartin comin	מווונין סטונוטסט

Attn: Registrar's Office 1161 Kehukee Park Rd. Williamston, NC 27892 or email it to ro@martincc.edu "Building Better Futures"