

MARTIN COMMUNITY COLLEGE LEON'S LAW PARENT/GUARDIAN OPT-OUT FORM

Student Informat	ion		
Full Name: Date of Birth: Student ID (if ki	nown):		
Parent/Guardian	Information		
Full Name: Relationship to Phone Number Email Address:			
Opt-Out Declarat	ion		
who are depende	v (SL 2025-46), parents or lega nts for tax purposes are autor rds at North Carolina commu	natically granted acces	
By signing this for records. I unders	rm, I hereby opt out of receivir tand that:	ng access to my minor c	child's education
• My Lav • Thi	s opt-out applies only to educ child will still be required to a v. s opt-out may be revoked at a college's registrar.	cknowledge parental a	ccess under Leon's
Signature of Par	ent/Guardian:		_ Date:
	For College	Use Only	
Date Received: Processed By: Notes:			
Once this form is	complete, it must be submitt Martin Com	ed to: Imunity College	

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