



# MARTIN COMMUNITY COLLEGE

## STUDENT EDUCATION RECORDS ACKNOWLEDGEMENT FORM

\_\_\_\_\_  
**Student's Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

Under the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g and Leon's Law, SL 2025-46, the Martin Community College is permitted to disclose information from your education records to your parent(s)/legal guardian(s), without consent, if they claim you as a dependent for federal tax purposes.

I, \_\_\_\_\_, acknowledge, to the extent allowed under the Family Educational Rights and Privacy Act (FERPA) and Leon's Law,

- (1) My education records will be provided to my parent(s)/legal guardian(s) as long as the parent/legal guardian has not opted out of receiving the education records.  
This records release will remain in effect until I turn 18.
- (2) My education records will be provided to the school administrators and school counselors at the school in which I am dually enrolled.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Provide Contact Information for parent(s)/legal guardian(s):

**Parent/Guardian 1 Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Once this form is complete, it must be submitted to:

Martin Community College  
Attn: Registrar's Office  
1161 Kehukee Park Rd.  
Williamston, NC 27892  
or email it to: ro@martincc.edu