



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

Student Information

Full Name: _____
Date of Birth: _____
Student ID (if known): _____

Parent/Guardian Information

Full Name: _____
Relationship to Student: _____
Phone Number: _____
Email Address: _____

Opt-Out Declaration

Under Leon's Law (SL 2025-46), parents or legal guardians of minor students (under age 18) who are dependents for tax purposes are automatically granted access to their child's educational records at North Carolina community colleges.

By signing this form, I hereby opt out of receiving access to my minor child's education records. I understand that:

- This opt-out applies only to education records covered under Leon's Law.
- My child will still be required to acknowledge parental access under Leon's Law.
- This opt-out may be revoked at any time by submitting a written request to the college's registrar.

Signature of Parent/Guardian: _____ Date: _____

For College Use Only

Date Received: _____
Processed By: _____
Notes: _____

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

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

Martin Community College
Attn: Continuing Education Registrar's Office
1161 Kehukee Park Rd.
Williamston, NC 27892
or email it to: lb76777@martincc.edu