

Student ID #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Class Section: \_\_\_\_\_

(For Office Use Only)



## Student Education Records Acknowledgement Form

\_\_\_\_\_  
Student's First Name                  Middle Initial                  Last Name

\_\_\_\_\_  
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, **Southwestern 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.
- (2) My education records will be provided to the school administrators and school counselors at the school in which I am dually enrolled.

Student 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 \_\_\_\_\_