



## Student Education Records Acknowledgement Form

\_\_\_\_\_  
Student's Full Name (first, middle initial, last)

\_\_\_\_\_  
Gaston College Student ID Number

\_\_\_\_\_  
Student's Full Address (Street, City, State, Zip)

Under the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g and Leon's Law SL 2025-46, Gaston 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  
Student Name  
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, if applicable.

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 \_\_\_\_\_

I do not wish to disclose my parent's information.

*\*Should the listed information for parent(s)/legal guardian(s) change, it is the student's responsibility to update the College.*