Leon's Law Acknowledgement Form

Student's First Name	Middle Initial		Last Name
Street Address	City	State	Zip Code
2025-46, Rockingham Cor	onal Rights and Privacy Act (Finmunity College (RCC) is perioarent(s)/legal guardian(s), with	mitted to disclose i	nformation from your
I,and Privacy Act (FERPA)	, acknowledge, to the extendand Leon's Law,	nt allowed under th	ne Family Educational Rights
parent/legal guard	rds will be provided to my par an has not opted out of receivi rds will be provided to the sch am dually enrolled.	ng the education re	ecords.
Provide Contact Informa	tion for parent(s)/legal guard	lian(s):	
Phone Number			
Phone Number			
form even after I turn 18, u	continue to release my educat inless I choose to revoke that c form to the Record's Office.		
By signing below, I confirm	n that I have read and understa	and this statement.	
Student Signature:			
Date:			
Office Use: ☐ SRRL			QOCKING A

Return to: Records Office PO Box 38 Wentworth, NC 27375

