



**BOSTON
COLLEGE**

The Connors Family Learning Center (CFLC)
Thomas P. O'Neill Jr. Library, Room 200
140 Commonwealth Ave. Chestnut Hill, MA 02467

Release of Information Consent Form

Date: _____

Printed Full Name: _____

Date of Birth _____

Eagle ID _____

Phone #: _____

I hereby authorize the Connors Family Learning Center (Kathy Duggan, Ildiko Szekely)

Obtain Records FROM or Release Records TO:

Name: _____

Address: _____

Phone: _____

Reason for Release _____

For the purpose of: _____

Signature