



# LEARNING DISABILITY DOCUMENTATION FORM

## TO BE COMPLETED BY APPLICANT

If you have indicated a professionally-verified learning disability on your application form, please submit a brief explanation below, and attach relevant testing reports and recommendations.

Please mail completed form to the Application Processing Center (see address above).

Social Security Number

XX	XX	XX	XX	XX				
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Name

LAST	FIRST	M.I.	MONTH	DAY	YEAR
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**EQUAL OPPORTUNITY**

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, religion, national origin, or disability. Boston College is in compliance with the various laws and regulations regarding equal opportunity and affirmative action in Title IX of the Civil Rights Act and Federal Executive Order #11616. Boston College's policy of equal education opportunity is in compliance with the regulations and requirements of Title IX of the Civil Rights Act, Title IX of the Higher Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973.