



**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