



**BOSTON  
COLLEGE**

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

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## 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, Erin Farrow) to:

**Obtain Records FROM or Release Records TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

\_\_\_\_\_  
Signature