



**BOSTON
COLLEGE**

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

Student General Consent Form

By signing this form, I hereby authorize the CFLC to take the following actions on my behalf:

I _____ authorize the Connors Family Learning Center (CFLC) to release a copy of my Professor Notification Letter (PNL) to me that specifies my approved accommodations to my professors. I understand that in order to receive accommodations in my enrolled courses, I must disclose that I am registered as a student with a disability at the CFLC. I agree I will notify my instructors of approved accommodations by delivering my PNL(s) to my professors.

I acknowledge that the CFLC may share disability-related information on a “need to know” basis with other college personnel working on my behalf, including, but not limited to the following:

- | | |
|--|--|
| <input type="radio"/> Academic Dean | <input type="radio"/> Residence Life |
| <input type="radio"/> Academic Advisor | <input type="radio"/> University Counseling Services |
| <input type="radio"/> Registrar’s Office | <input type="radio"/> University Health Services |
| <input type="radio"/> Financial Aid Office | <input type="radio"/> Parent/Guardian |

Please note any exceptions which apply to this General Consent Form:

Student Signature

Eagle ID#

Graduation Year

Date

