

## LEARNING DISABILITY DOCUMENTATION FORM

IO BE COMPLETED BY APPLICANT		
f you have indicated a professionally-verified	learning disability on your application fo	rm, please submit a brief explanation below

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).

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Social Security Number	X X X X X X							
Name		Date of Birth						
LAST	FIRST	M.I.	MONTH	DAY	YEAR			

## EQUAL OPPORTUNITY

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, marital or parental status, religion, age, national origin or physical/mental handicap. As an employer, Boston College is in compliance with the various laws and regulations requiring equal opportunity and affirmative action in employment, such as Title VII of the Civil Rights Act and Federal Executive Order #11246. Boston College's policy of equal education opportunity is in compliance with the guidelines and requirements of Title VI of the Civil Rights Act, Title IX of the Higher Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973.