

TESTING ACCOMMODATIONS GRANTED

_____ has requested reasonable accommodations for the
(Applicant Name)

Uniform Bar Examination. A statement from each school or testing authority where the applicant has received accommodations is required as part of the application for accommodations. Please complete the form below and return to the applicant so that it may be submitted with his or her completed application.

Name of School/Testing Authority: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

The above-named individual was granted accommodations for the following disability(s):

Describe the testing accommodations.

Please indicate for what period of time or specific examination the accommodations were granted.

Was medical documentation or documentation from a qualified professional provided when the accommodation was first requested? _____

What documentation was provided?

Signature

Name (Print)

Title

Date