This form is required of <u>all</u> applicants requesting accommodation

FORM 6
TESTING ACCOMMODATION – LAW SCHOOL VERIFICATION
Must be completed by a Law School Official Only

This form will not be valid if completed by Applicant

IN RE: _____
(Applicant's Name)

I, _____
(Name of Law School Official Completing Form)

state that my position is: _____
(Dean/Registrar/Disabilities Program Coordinator)

at _____
(Name of Law School)

As such, it is my responsibility to authorize any testing accommodations requested by students with disabilities for the specific purpose of allowing such students to take examinations on an equal basis with other students.

The above named applicant, who is/was in attendance at this law school, was given testing accommodations during law school, as follows:

_____

_____

_____

_____

I declare under penalty of perjury under the law of the State of _____ that the above information is true and correct.

Executed on_____by _____
(Date) (Signature)

Address: _____

_____

Telephone:_____ Fax: _____