

CERTIFICATION OF ACCOMMODATIONS HISTORY (OPTIONAL)

For Applicants Requesting Testing Accommodations on the Bar Examination

NOTICE TO APPLICANT: This form is optional but may assist in expediting review and consideration of an applicant’s request for testing accommodation for the bar examination. The Washington State Bar Association will still engage the applicant in the interactive process to determine whether the requested testing accommodation(s) for the bar examination will be granted.

The applicant is to complete this section of this form. The remainder of the form is to be completed by each educational institution or testing agency (hereinafter “entity”) from which you have requested accommodations relevant to the testing accommodation(s) you are currently requesting. **Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form.**

Applicant’s full name: _____

Applicant’s date of birth: _____

I give permission to the official completing this form to release the information requested on the form.

NOTICE TO THE OFFICIAL COMPLETING THIS FORM:

Please print or type your responses to the questions below. Attach and sign extra pages to complete your answers as necessary. **Return this completed form to the applicant for submission to the Washington State Bar Association.**

This form is optional and not required for the applicant to be granted testing-accommodations for the bar examination. This form may assist in expediting review and consideration of an applicant’s request.

Entity Name: _____

Entity Address: _____



1. Identify educational program (e.g., college, law school) or test (e.g., LSAT, MPRE, Bar Exam) for which applicant requested accommodations?

2. Specifically describe any accommodations granted to the applicant. If the accommodations included additional time for tests, state the amount of additional time either as a percentage (e.g., 50%) or as additional minutes per hour (e.g., 30 additional minutes per hour). If the applicant received different accommodations over the course of study or for different test administrations, please briefly describe.

3. Was the applicant's request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

I certify that the information supplied on this form is true and correct to the best of my knowledge based on the information retained in our records.

Signature of person completing this form
(Electronic signature accepted)

Date Signed

Print Name

Email

Title

Phone Number

