



Idaho State Bar  
525 West Jefferson, PO Box 895, Boise, ID 83701  
Phone: (208) 334-4500 Fax: (208) 334-2764 www.idaho.gov/isb

**REASONABLE TESTING ACCOMMODATIONS**  
**Consent To Release Student Records and**  
**Statement of Law School Official**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Idaho Bar Exam: \_\_\_\_\_

Law School: \_\_\_\_\_

I give permission to release information, reports, records and any other pertinent information requested in this form and I request that all such items be attached to this form and returned to me for submission to the Idaho State Bar.

\_\_\_\_\_  
*Signature of Applicant*

Subscribed and sworn to before me )  
                                                          ) )  
this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_ )

*SEAL*

My commission expires \_\_\_\_\_

\*\*\*\*\*

The above named applicant received testing accommodations for the following disability (ies) while taking exams at this school:

\_\_\_\_\_  
\_\_\_\_\_

Was medical documentation provided? If so, by whom and what was provided?

\_\_\_\_\_  
\_\_\_\_\_

List the specific accommodations granted during each year of law school. Submit an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Official's Signature)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Date)*