Form F
Jurisdiction

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 Applicant Records and Statement of Jurisdiction Official

Full Name: _____

Date of Birth: _____Date of Idaho Bar Exam: _____

Jurisdiction: _____

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)
) *SEAL*
this _____day of _____200____)

_____

My commission expires_____

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The above named applicant, who sat for the July/February 20_____ bar examination was authorized to receive reasonable testing accommodations during this examination as outlined below. If applicant was granted accommodations, but did not sit, please complete as requested and indicate why applicant did not sit.

Disability(ies):_____

_____

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

_____

_____

List the specific accommodations granted. Submit an additional sheet if necessary

_____

_____

_____

_____ _____
(Official's Signature) *(Title)*

_____ _____
(Telephone Number) *(Date)*