

## 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 Multistate Professional Responsibility Examination Official

| Full Name:                                   |   |  |
|--|---|--|
| Date of Birth:                               | Date of Idaho B                               | ar Exam:   |
| Date of Multistate Professiona               | l Responsibility Examin                       | ation (MPRE):  |
|  | all such items be attac                       | regarding accommodations granted me on<br>ched to this form and returned to me for |
| -  | Siş   | gnature of Applicant   |
| Subscribed and sworn to before me thisday of | )<br>)<br>)                                   | SEAL   |
| My commission expires                        |   |  |
| The above named applicant                    | applied to sit for and mination (MPRE) and wa | d/or was in attendance at the Multistate as granted accommodations on the MPRE     |
| (Official's Signature)                       |   | (Title)  |
|  |   | (Date)   |