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________________________

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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)