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 _______________________

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)