
Accommodations Form 7 Certification of Accommodations History

NOTICE TO APPLICANT: This section of this form is to be completed by you.

The remainder of this form is to be completed by each educational institution or testing agency (hereinafter "entity") from which you have requested accommodations, whether granted or denied. Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form. Make additional copies if needed.

Applicant's Full Name: _____

Social Security Number: (If required by school or testing entity) _____

Applicant's Date of Birth: _____ mm/dd/yyyy

I give permission to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted or denied that may be requested by the Minnesota Board of Law Examiners (MBLE) or consultant(s) of the MBLE.

Applicant's Signature: _____

Date Signed: _____

NOTICE TO THE OFFICIAL COMPLETING THIS FORM:

Please PRINT or TYPE your responses to the questions below.

Return this completed form to the applicant who will submit it to the Minnesota Board of Law Examiners (MBLE).

1. Educational institution or testing agency completing this form:

Check one:

educational institution

testing agency

Person completing form: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

2. **On what dates and in what course of study (e.g., elementary, high school, college, law school) or testing program (e.g., SAT, ACT, LSAT, MPRE, Bar Exam) was the applicant enrolled or registered?** If you are with a testing agency, list the date of each test administration for which the applicant was registered.

3. **If accommodations were granted, state the nature of the applicant's physical or mental impairment that served as the basis for granting accommodations.**

4. **Was medical documentation provided by the student or medical professional when the accommodation was first requested?** Yes No **If yes, describe the medical documentation provided.**

5. **Specifically describe any accommodations granted to the applicant and the dates thereof. If the accommodations included extra time for tests, state the amount of extra time either as a percentage (e.g. 50%) or as extra minutes per hour (e.g. 10 extra minutes per hour). If the applicant received different accommodations over the course of study or for different test administrations, please describe the full history and explain the reason(s) for the differences.**

6. **Was the applicant's request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.**

I certify that the information on this form is true and correct based upon the information in my records.

Signature of official completing this form

Date signed

Please print name: _____

Title

Daytime phone