FILE THIS FORM AND ITS SUPPORTING DOCUMENTATION IN A SEPARATE ENVELOPE FROM YOUR BAR APPLICATION. **Your request for accommodations will be processed separately from your application and action on your request for accommodations may be substantially delayed if this form is inside your application when we receive it.**

APPLICANT'S ACCOMMODATIONS REQUEST FORM

Month and Year of Maryland Bar Examination I plan to take: _____

Applicant's Name _____
First MI Last

Social Security Number _____

Mailing Address _____

_____

Daytime Telephone: _____ Home Telephone: _____

Description of Disability:

State Specific Test Accommodations Sought:

Affirmation of Candor and Authorization and Release

I hereby affirm under penalties of perjury that the information provided on this form and in supporting documentation is complete, true, and correct to the best of my knowledge, information and belief. I have attached the following supporting documentation*: 1. A current **Evaluation Report** from a physician or other appropriate health professional documenting my disability and explaining how it would impair my performance on the Maryland Bar Examination; Copies of any reports used for the evaluation listed in # 1. 3. A **letter from my law school dean or other appropriate official** describing the accommodations I received for law school examinations; 4. **Copies of all correspondence requesting and granting or denying test accommodations** for Bar examinations in other jurisdictions and the Law School Admission Test (LSAT), ACT, and SAT; and 5. Copies of all documentation relating to special education designation or services, individual education plan, or other **school reports which evidence that I have been designated as disabled in the past.** (**See page iii of the application form for guidelines governing content of the Evaluation Report.**)

I agree that I will submit to an independent examination by a professional selected and paid by the State Board of Law Examiners, if so required by the Board to evaluate my alleged disability.

I authorize the State Board of Law Examiners to release a copy of any documentation submitted in connection with this request to a professional selected by the Board to independently evaluate my alleged disability. I hereby release, discharge, and hold harmless the State Board of Law Examiners, its employees, agents, successors and assigns, including any professional engaged by the Board to evaluate my alleged disability, from any and all liabilities of every nature and kind arising out of the furnishing, inspection, receipt and evaluation of any documents, reports, records, or other information or arising out of an independent examination by a professional selected and paid by the Board.

_____
Signature of Applicant and Date of Affirmation/Release

***EXAM REPEATERS: You must complete and submit this form by the filing deadline for each examination you intend to take. However, you need not submit any supporting documentation if you request the same accommodations previously approved for you for a prior examination. If you are requesting accommodations not previously approved, you must attach relevant documentation, including an updated Evaluation Report by a physician or other appropriate health professional supporting your request for additional accommodations.**

PRINT FORM