## **DOC 2 - LAW SCHOOL VERIFICATION FORM**

**NOTICE TO APPLICANT:** This form is to be completed by the law school official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the law school for completion:

Full Name:	
Date of birth:	
Law School:	Dates of attendance:
release of any additional information r	nation requested on this form and request the egarding my disability or accommodations d by the Oregon Board of Bar Examiners or the
Signature of applicant	Date

**NOTICE TO LAW SCHOOL OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

The applicant named above, who is or was in attendance at this law school, reports he/she was granted accommodations. Please verify on the following page the accommodations granted.

## **TEST ACCOMMODATIONS GRANTED**

applicant describing the accommodations that were granted. Formats: Braille Audio Large print Assistance: Reader Typist/Transcriber Sign language interpreter Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour. What percentage of extra time granted was used? Extra breaks. How long and how often were the extra breaks? Other arrangements granted (e.g., elevated table, lamp, seat near restroom, etc.). I certify that the information supplied on this form is true and correct based on the information retained in the files of the law school. Signature of person completing this form Date signed Daytime telephone number Title

Please check all that apply or attach a copy of the accommodations letter sent to the