



State of Rhode Island Judiciary

Supreme Court – Clerk’s Office

Licht Judicial Complex
250 Benefit Street
Providence, RI 02903

Certification of Accommodations History

Notice to Applicant: You are to complete this section of the form. The remainder of the form is to be completed by each educational institution or testing agency (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. You can withhold your consent if you wish, but if consent is refused, the Board of Bar Examiners (BBE) may have to make decisions without the benefit of verified information from the entity. Please make your choice by signing either Option 1 or Option 2.

Applicant’s full name: _____

Applicant’s address: _____

Applicant’s date of birth: _____

Date(s) of evaluation or treatment: _____

Option 1: I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the BBE or consultant(s) of the BBE.

Signature of the Applicant

Date

Option 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of the Applicant

Date

Notice to the Official Completing This Form

Please print or type your responses to the questions below. **Return this completed form to the Applicant for submission to the BBE.**

1. Name _____

Title _____

Name of the educational institution or testing agency for which you are completing this form.

Address of the educational institution or testing agency.

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. 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.

5. 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 contained in this form is true and correct based on the information retained in our records.

Signature of official completing this form

Date

Title

Daytime telephone number