

FORM C

LAW SCHOOL STATEMENT REGARDING TESTING ACCOMMODATIONS GRANTED

Applicant Name

The above named applicant received special testing accommodations for the following disability(s) while taking exams at this school:

during the following periods:

The special testing accommodations provided are described as follows:

Was medical documentation provided by the student or medical professional when the accommodation was first requested?

What medical documentation was provided?

[Signature]

[Date]

[Title]

[Law School]

[Telephone #]