BOARD OF BAR EXAMINERS OF THE DELAWARE SUPREME COURT

405 North King Street, Suite 500 Wilmington, DE 19801 ARMS_BBE@delaware.gov

FORM G: EDUCATIONAL INSTITUTION ACCOMMODATION VERIFICATION

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by an authorized representative for each educational institution you attended where you requested testing accommodations. Read, complete, and sign below before submitting this form to the authorized educational institution representative for completion of the remainder of this form.

Full Name:

Date of Birth:

I give permission to the authorized educational institution representative 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 Board of Bar Examiners of the Delaware Supreme Court.

Date

Signature

NOTICE TO REPRESENTATIVE OF EDUCATIONAL INSTITUTION

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination on account of a disability. The Applicant has stated that your educational institution provided testing accommodations during the administration of examinations at your educational institution on account of a disability. To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the Applicant's request for testing accommodations for the Delaware Bar Examination, the Board requests that you answer the questions below regarding any testing accommodations the applicant received during the administration of examinations at your educational institution.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name:_____

Title:

Name of educational institution for which you are completing this form:

Address of educational institution:

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for examinations at your educational institution?

Yes No If yes, please answer the following three questions. If no, please skip ahead to the Certification.

1. For which examinations did Applicant request accommodations? If Applicant requested accommodations for all examinations during a semester or school year, it is sufficient to identify the semester(s) or school year(s).

2. For what disability or disabilities did Applicant request accommodations?

3. What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation. 4. For each accommodation requested, please identify if such request was reviewed by a qualified professional on your behalf, and, if so, please provide the name, address and telephone number for each qualified professional.

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

Date

Signature