

This form must be sent by the Testing Agency on or before the deadline directly to the
TN Board of Law Examiners • 511 Union Street Suite 525 • Nashville, TN 37219

FORM 4: CERTIFICATION OF ACCOMMODATIONS HISTORY – TESTING AGENCIES

This form is to be filled out by the Testing Agencies from whom you have requested accommodations. Please type or print legibly.

NOTICE TO APPLICANT: This section of the form is to be completed by you. The remainder of the form is to be completed by each Testing Agency from which you have requested accommodations, whether granted or denied.

In lieu of this form you may provide a copy of the letter(s) you received from the Testing Agency notifying you of specific accommodations granted or denied. The letter must include the time frame for the accommodation (such as "August 2017 MPRE") and the nature of the disability for which any accommodations were granted or denied.

Please read, complete and sign below before submitting this form to the Testing Agency for completion of the remainder of this form. This form **MUST** be filed on or before the deadline for filing applications (May 20 for the July exam; December 20 for the February exam).

Applicant's Full Name: _____

Applicant's Date of Birth: _____ SSN (Last 4 Digits): _____

I give permission to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted or denied that may be requested by the Tennessee Board of Law Examiners or by consultant(s) of the Tennessee Board of Law Examiners, including the Tennessee Lawyers Assistance Program.

Signature of Applicant

Date

NOTICE TO OFFICIAL COMPLETING THIS FORM:

The above-named person is requesting accommodations on the Tennessee Bar Examination. Print legibly or type your responses to the items on the next pages.

Please return this completed form directly to the Tennessee Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219, by the deadline for examination applications (May 20 for the July exam; December 20 for the February exam). Your assistance is appreciated.

1. Please state the following:

Name _____

Title _____

Name of the Testing Agency for which you are completing this form:

Address of the Testing Agency (Include City/State/Zip):

Phone number or email address: _____

2. Please list the testing program (e.g., SAT, ACT, LSAT, MPRE, Bar Exam) and 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 for sub-parts of the test, please describe the accommodations and explain the reason(s) for the differences.

5. Was the applicant's request for accommodations ever denied, in whole or in part? [] Yes
[] No If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

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

Signature of person completing this form

Date signed