



## SPECIAL ACCOMMODATIONS REQUEST

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Disability Status

A. Are you (check all that apply):

Physically Disabled     Learning Disabled     Psychologically Disabled

B. How long have you had your disability? \_\_\_\_\_

C. Did you have testing accommodations for the LSAT? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

2. Please describe the specific nature of your disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe any academic and/or exam accommodations you have received in a post-secondary institution or in the workplace: \_\_\_\_\_  
\_\_\_\_\_

4. Describe the special accommodations you are requesting and state why they are reasonable and necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach current documentation from a physician, psychologist, or other appropriate professional certifying your disability. (Required)

I certify under penalty of perjury the above information is true and correct.

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_

**SUBMIT THIS TO THE REGISTRAR NO LATER THAN 30 DAYS PRIOR TO THE FIRST DAY OF THE EXAMINATION PERIOD.**



NOTE: TESTING ACCOMMODATIONS GRANTED AT MONTEREY COLLEGE OF LAW MAY NOT BE THE SAME AS THOSE ALLOWED BY THE COMMITTEE OF BAR EXAMINERS OF THE STATE OF CALIFORNIA. FOR FURTHER INFORMATION ON THEIR POLICIES, PLEASE CONTACT THEM.

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