



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**FORM F
LAW SCHOOL VERIFICATION**

All original documents must be filed with the Office of Admissions' San Francisco Office.
(Please print or type; must be legible)

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the law school official who can confirm the testing accommodations that you received during law school. Please read, complete and sign below before submitting this form to the law school official for completion of the remainder of this form.

Applicant's Full Name: _____

File Number: _____

I give permission to the law school official 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 Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO LAW SCHOOL OFFICIAL:

The above-named person is requesting accommodations for the California Bar Examination or First-Year Law Students' Examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she received in law school.

I, _____, state that my position
(Name of Law School Official Completing Form)

is _____ at _____
(Dean/Registrar/Disabilities Program Coordinator) *(Name of Law School)*

As such, it is my responsibility to authorize any testing accommodations requested by students with disabilities for the specific purpose of allowing such students to take examinations on an equal basis with other students.

The above named applicant, who _____ in attendance at this law school, _____
(is/was) (was/was not)

given authorization to receive testing accommodations during the administration of examinations at this school.

Applicant was accommodated for the following disability or disabilities:

And was granted the following accommodation(s). List all accommodations granted and the dates thereof. If the applicant received different accommodations over time, please provide the full history:

I declare under penalty of perjury under the laws of the State of California and/or the United States that the above information is true and correct.

Executed on _____ by _____
(Date) (Signature)

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Please send the completed form to the State Bar of California's San Francisco address listed above, Attn: Office of Admissions, or return to the applicant.