



**THE STATE BAR OF CALIFORNIA
CALIFORNIA BOARD OF LEGAL SPECIALIZATION/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 G
OTHER JURISDICTION'S TESTING ACCOMMODATIONS 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 bar admissions administrator from the state in which you received testing accommodations to take that state's bar examination. Please read, complete and sign below before submitting this form to the bar admission authority for completion of the remainder of this form.

Applicant's Full Name: _____

File Number: _____

I give permission to the bar admissions administrator 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 California Board of Legal Specialization or consultant(s) of the California Board of Legal Specialization.

Signature of Applicant

Date

NOTICE TO BAR ADMISSIONS ADMINISTRATOR:

The above-named person is requesting accommodations for the Legal Specialist Examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she was granted to take the bar examination in your state.

I, _____, state that my position
(Name of Bar Admissions Administrator)

on the staff of the bar admissions authority in _____
(Name of Jurisdiction)

is such that it is my responsibility to administer the program for providing testing accommodations for bar admission applicants with disabilities.

The above named applicant, who took the _____ bar examination,
(Date mm/yyyy)

was was not

granted testing accommodations during that examination.

Applicant was accommodated for the following disability or disabilities:

And was granted the following accommodation(s):

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

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.