## **COURTESY REQUESTS FOR THE COLORADO BAR EXAM**

Complete this form <u>only</u> for a courtesy request for the Colorado bar examination. A *courtesy request* is based on a health-related need or condition that does not involve a deviation from a standard testing schedule at the main site exam location. Examples of such requests are, but not limited to:

- Seating near the restroom because of a health-related condition
- Access to a medical device, such as an insulin pump, glucose monitor, etc., assistive devices such as diabetic supplies, hearing aids, orthopedic lumbar support, crutches, or post-surgical boots or braces
- Private room between test sessions for lactation purposes

\*MEDICATIONS: Most medications are permitted and should be carried in the original container inside a transparent baggie.

If you are submitting a courtesy request on the basis of a disability (learning, physical, ADHD, psychological, visual) DO NOT complete and submit this form. Please review the Request for Non-Standard Testing Accommodation Request Instructions.

Date of Exam:				
Applicant Full Name:				
NCBE Number:	Email Address:			
Primary Telephone Number:	Alternate:			
Can OAA leave a voicemail at the Primary Telephone	e Number listed above?	□ Yes	□ No	
Courtesy Requests				
<ul> <li>Add a separate sheet of paper if you need addition</li> </ul>	ional space filling out this f	orm.		
<u>Seat Assignment</u> . Please describe your health-related condition and specify the desired location of your seat assignment for which it is requested.				

R: 1/2023

Medical Device. Please describe your health-related condition and	•
session to manage the condition for which the device(s) is requested available.)	ed. (Provide a photograph of the device(s) if
uvullabie.)	
Lactation Request. Please include the date of birth of your child an	
Note that only those requests described in the <i>Courtesy Requests fo</i> . The policy is posted under "Courtesy Requests" at:	or Health Related Conditions are available.
http://coloradosupremecourt.com/Future%20Lawyers/BarExamina	ation asn
Tittp://toloradosupremetodit.com/ruture/020tawyers/barexamina	ition.asp.
Applicant Signature	
By signing and submitting this document I affirm that I understand	this is a courtesy request only. It does not
constitute a Non-Standard Testing Accommodation Request.	, , ,
I also affirm that supporting medical documentation is attached to	tnis request.
	<u></u>
Applicant Signature	Date

R: 1/2023