RE-APPLICATION REQUEST FOR NON-STANDARD TEST ACCOMMODATIONS FORM

Applicant Identification Information
Date of Upcoming Bar Exam: __________________________________________________________________________
Applicant Name: _____________________________________________________________

Last   First   Middle Initial
Applicant Physical Address: ________________________________________________________________________________

Street Address
______________________________________________________________________________
City   State   Zip Code
Phone Number: __________________________ Email Address: ____________________________

Confirmation of Disability Status
Check the disability or disabilities for which you were previously granted accommodations.
☐ Learning Disability     ☐ Visual Impairment
☐ Attention Deficit Hyperactivity Disorder   ☐ Hearing Impairment
☐ Physical Disability     ☐ Psychological Disability
☐ Other (describe): __________________________

Confirmation of Accommodations Previously Awarded

_____ (Initial) I confirm that there has been no change to my diagnosis or condition and I am requesting exactly the
same accommodations as were previously granted.

CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

_____ (Initial) The information I have provided in support of my Re-Application Request for Non-Standard Test
Accommodations is true and complete.

_____ (Initial) I understand that if the Colorado OAA determines that I, or a third party on my behalf, submitted as
part of this request any information or documentation that is false, inaccurate, or intentionally
misleading, the Colorado OAA reserves the right to withhold or nullify my bar examination scores and
treat such conduct as a character and fitness issue.

_____ (Initial) I understand that both my re-application request and all supporting documentation may be submitted
for additional evaluation to one or more qualified professionals retained by the Colorado OAA, and I
authorize such disclosure.

_____ (Initial) I understand that all necessary documentation and information must be provided to the Colorado OAA
by the deadline and that my request for test accommodations may not be considered or may be denied
if filed after the applicable deadline.

Applicant Signature
If you are unable to sign this form, please have someone sign and date in your presence.

______________________________________________________________________________  ________________
Applicant Signature                  Date

Signature of individual signing on Applicant’s behalf

______________________________________________________________________________  ________________
Signature of individual signing on Applicant’s behalf                  Date