

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.

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> 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.

Date

Signature of individual signing on Applicant's behalf

Date