

**MASSACHUSETTS BOARD OF BAR EXAMINERS**  
**Request for External Computer Equipment**  
(keyboard, mouse, wrist pad)

Applicant Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tel. #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Reasons for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Request Form MUST be received at least 3 weeks prior to the first day of the bar exam. External equipment not approved will NOT be allowed.**

Completed form may be:

**Mailed: Board of Bar Examiners  
John Adams Courthouse  
One Pemberton Square, 5th floor  
Boston, MA 02114**

**Emailed: info@bbe.state.ma.us**

**Faxed: 617-542-5943**

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**For Board of Bar Examiners Use Only:**

Boston     Springfield    Section/Room \_\_\_\_\_ Seat # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Notified: \_\_\_\_\_ Date: \_\_\_\_\_