# MASSACHUSETTS BOARD OF BAR EXAMINERS
# FORM 5: CERTIFICATION OF ACCOMMODATIONS HISTORY

**NOTICE TO APPLICANT**: **This section of this form is to be completed by you**. The remainder of the form is to be completed by each educational institution or testing agency (hereinafter "entity") from which you have requested accommodations, whether granted or denied. Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form.

**Alternatively, in lieu of this form you may submit a letter issued by applicable testing agencies (i.e., NCBE, LSAC, etc.) confirming the accommodations that have been granted in standardized testing settings.**

Applicant's full name: _____

Date(s) of attendance/examination: _____

Applicant's date of birth: _____

I give permission to the official 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 Massachusetts Board of Bar Examiners or consultant(s) of the Massachusetts Board of Bar Examiners.

Signature of applicant: _____ Date: _____

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**NOTICE TO THE OFFICIAL COMPLETING THIS FORM:**

Please type or legibly print your responses to the questions below. Return this completed form to the applicant for submission to the Board.

Name: _____

Title: _____

Name of the testing agency or educational institution for which you are completing this form:

_____

Address of the testing agency or educational institution:

_____

On what dates and in what course of study (e.g., elementary, high school, college, law school) or testing program (e.g., SAT, ACT, LSAT, MPRE, Bar Exam) was the applicant enrolled or registered? If you are with a testing agency, list the date of each test administration for which the applicant was registered.

If accommodations were granted, state the nature of the applicant's physical or mental impairment that served as the basis for granting accommodations.

Specifically describe any accommodations granted to the applicant and the dates thereof. If the accommodations included extra time for tests, state the amount of extra time either as a percentage (e.g., 50%) or as extra minutes per hour (e.g., 30 extra minutes per hour). If the applicant received different accommodations over the course of study or for different test administrations, please describe the full history and explain the reason(s) for the differences.

Was the applicant's request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

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

Signature

Date Signed

Title

Daytime Telephone Number