



# The Supreme Court of South Carolina

## Office of Bar Admissions

PATRICIA A. HOWARD  
CLERK OF COURT

KATHLEEN "TINA" BRYANT  
MANAGER, OFFICE OF BAR  
ADMISSIONS

POST OFFICE BOX 11330  
COLUMBIA, SOUTH CAROLINA 29211  
TELEPHONE: (803) 734-1317  
FAX: (803) 734-0394

Dear Applicant:

All requests for special accommodations must be completed on the forms provided and uploaded to the Office of Bar Admissions in order to request special accommodations for the South Carolina Bar Examination. The Board of Law Examiners (Board) will review your request and make a decision regarding what accommodations to grant, if any. Information concerning special accommodations, including the deadline for filing a request, may be found on the Court's website at [www.sccourts.org](http://www.sccourts.org) at Rule 402(d)(6), SCACR, and at Appendix A (found below Rule 430), Rules of the Board of Law Examiners.

If the Board denies your request for Special Accommodations, you may petition the Court to review the Board's decision along with the applicable fee of \$50.00.

You must upload all medical information required by the forms and which you wish to be considered by the Board along with these forms. **Any information you submit after you file these forms will not be considered by the Board or the Court in the event you ask the Court to review the Board's decision.**

Please be aware that if your request for extra time for the bar exam is granted, you will be tested over four days instead of two. While examinees without extra time will be tested on Tuesday and Wednesday, examinees with extra time will be tested on Tuesday, Wednesday, Thursday, and Friday.

Applicants previously granted accommodations by the Board and not seeking any change to accommodations previously granted may upload a letter asking for the same accommodations. The Board will once again review your request and make a decision regarding what accommodations to grant, if any.

All completed request forms must be uploaded by **November 1** for the February UBE and **April 1** for the July UBE. Extensions of these deadlines will only be permitted upon leave of the Supreme Court.

I have read and understand the information above.

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Signature

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Date

## **INFORMATION AND INSTRUCTIONS SPECIAL ACCOMMODATIONS**

**All forms must be uploaded to the Office of Bar Admissions. If a form does not apply to you, please mark N/A across it and upload the form.**

- **Special Accommodations Letter**
  - Must be signed, dated and uploaded to the Office of Bar Admissions
- **Form A Request for Testing Accommodations**
  - Must be completed by **all** applicants requesting special accommodations.
  - If you were granted special accommodations for the Multistate Professional Responsibility Examination (MPRE), upload the accommodations confirmation sent to you by the NCBE. (This may be found in your NCBE Account File Cabinet.)
  - If you request both additional testing time **and** rest time during exam sessions, you must include separate support for each.
- **Form B Medical Declaration Verification**
  - If you have a medical disability, this form must be filled out by a licensed physician or licensed professional.
- **Form C Learning Disability Verification**
  - If you have a learning disability, this form must be filled out by a qualified professional. A qualified professional is a licensed Psychologist, licensed Neurophysiologist, licensed Educational or School Psychologist, Educational Diagnostician, Learning Disabilities Specialist, or an Educational Therapist.
  - In addition to Form C the applicant must submit a separate evaluation that must comply with the following guidelines:
    - Be completed or updated within the past three years. The previous comprehensive diagnostic evaluation must be uploaded with the updated evaluation.
    - Must meet full, standard criteria for LD determination.
    - Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
    - Provide evidence that diagnosis does not rely solely on self-report.
    - Explain past and current treatments and the effects of these treatments.
    - Provide data-based evidence of significant impairment in the area for which an accommodation is requested.
  - Upload all relevant documentation including qualified professional's complete evaluation of the applicant and any past evaluations.
- **Form D Attention Deficit-Hyperactivity Disorder Verification**
  - If you have attention deficit-hyperactivity disorder, this form must be filled out by a qualified professional. A qualified professional is a licensed Psychologist, licensed Neurophysiologist or a licensed Psychiatrist.
  - In addition to Form D the applicant must submit a separate evaluation that must comply with the following guidelines:
    - Be completed or updated within the past three years. The previous comprehensive diagnostic evaluation must be uploaded with the updated evaluation.

- Must meet full, standard criteria for AD/HD determination.
  - Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
  - Provide evidence that diagnosis does not rely solely on self-report.
  - Explain past and current treatments and the effects of these treatments.
  - Provide data-based evidence of significant impairment in the area for which an accommodation is requested.
- Upload all relevant documentation including qualified professional's complete evaluation of the applicant and any past evaluations.
- **Form E Statement of Law School Official**
  - If you were granted special accommodations in law school this form must be completed by the Dean, Associate Dean, or Registrar.
- **Form F Statement of Another Bar Jurisdiction**
  - If you were granted special accommodations for a bar examination in any other jurisdiction(s), that jurisdiction(s) must complete this form.

I have read and understand the information above.

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Signature

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Date

All medical information supporting your request for accommodations must be uploaded with these forms. Any information uploaded after you file these forms will not be considered by the Board of Law Examiners or the Court in the event you ask the Court to review the Board's decision.

**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA  
REQUEST FOR SPECIAL TESTING ACCOMMODATIONS  
FORM A**

(to be completed by all applicants requesting testing accommodations)

\_\_\_\_\_  
Applicant Name Address

\_\_\_\_\_  
City State Zip

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cell Number \_\_\_\_\_

EXAM APPLIED FOR: \_\_\_\_\_  
Month/Year

**I. NATURE OF YOUR DISABILITY: (CHECK ALL THAT APPLY)**

\_\_\_ Blind

\_\_\_ Visually Impaired; please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Physical Disability; please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Specific Learning Disability; please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Psychological Disability; please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Hearing Impaired; please explain.

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1. When was your disability first diagnosed? \_\_\_\_\_  
By whom was it diagnosed? \_\_\_\_\_
2. Number of times treated by licensed physician or qualified professional during the past three years? \_\_\_\_\_

## II. PRIOR TESTING

### **SAT, ACT, GRE, or GMAT**

1. Give dates and scores obtained on all sittings of the above listed examinations.

Test _____	Date _____	Score _____
Test _____	Date _____	Score _____
Test _____	Date _____	Score _____

2. Did you apply for testing accommodations for any of the above examinations?  
\_\_\_\_Yes      \_\_\_\_No

If yes, identify each test and date, whether you were granted or denied accommodations, and the accommodations granted or denied (if extra time was granted, identify how much (i.e. 15 minutes per exam, time and one-half per exam session, etc.).

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### **COLLEGE AND GRADUATE SCHOOL:** (Other than law school)

1. Did you use disabled-services while you were enrolled in college or graduate school?  
\_\_\_\_Yes      \_\_\_\_No

If yes, identify the school, provide dates of each school year you were granted accommodations, and list all accommodations received.

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2. Did you request additional testing time for any exams while you were in college or graduate school? ☐ Yes ☐ No

If yes, identify the school, whether you were granted or denied extra time, and provide dates of each school year during which you received accommodations; if granted additional time, state how much additional time was granted (i.e., 15 minutes per exam, time and one-half per exam, etc.).

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3. Describe any additional testing accommodations you were granted while in college or graduate school and provide dates of each school year during which you received the accommodations.

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**LAW SCHOOL ADMISSIONS TEST (LSAT):**

1. Give dates and scores obtained on all sittings of the LSAT.

Date \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ Score \_\_\_\_\_

2. Did you apply for testing accommodations for any sitting of the LSAT?  
☐ Yes ☐ No

If yes, identify each test date, whether you were granted or denied accommodations, and describe the accommodations granted or denied. If extra time was granted, state how much additional time was granted (i.e. 15 minutes per section, time and one-half per exam, etc.).

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**LAW SCHOOL:** (Your law school must Complete Form E if you were granted accommodations in law school.)

1. Did you apply for special accommodations for any exams during law school? \_\_\_\_Yes  
\_\_\_\_ No

If yes, state whether you were granted or denied accommodations, provide date of each school year during which you received accommodations, and list the accommodations granted or denied. If extra time was granted, state how much additional time was granted (i.e., 15 minutes per exam, time and one-half, etc.).

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**MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE)**

1. Give dates and scores obtained on all sittings of the MPRE.

Date \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ Score \_\_\_\_\_  
Date \_\_\_\_\_ Score \_\_\_\_\_

2. Did you apply for testing accommodations for any sitting of the MPRE?  
\_\_\_\_Yes \_\_\_\_No

If yes, identify each test date, whether you were granted or denied accommodations, and list the accommodations granted or denied. If extra time was granted, state how much additional time was granted (i.e. 15 minutes, time and one-half, etc.).

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**IF YOUR REQUEST WAS GRANTED, PLEASE UPLOAD THE ACCOMMODATIONS CONFIRMATION SENT TO YOU BY THE NCBE.** (This document may be found in your NCBE Account File Cabinet.)

**OTHER BAR EXAMINATIONS:** (If you were granted accommodations for a bar examination in any other jurisdiction(s), that jurisdiction(s) must complete Form F.)

1. Have you taken the bar examination in any other jurisdiction? \_\_\_\_Yes \_\_\_\_No

If yes, identify the jurisdiction(s), the date of each examination, and the result of each examination.

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2. Did you request special accommodations for any previous bar examination?  
\_\_\_\_Yes \_\_\_\_No

If yes, identify the jurisdiction, whether you were granted or denied accommodations, list the accommodations granted or denied, and specify date of the examination. If extra time was granted, state how much additional time was granted (i.e. 15 minutes per session, one hour per session, time and one-half per session, etc.).

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**III. REQUEST FOR SPECIFIC ACCOMMODATIONS** (Check all you believe are necessary for you to take the Uniform Bar Examination in South Carolina. If you request both additional testing time and rest time during exam sessions, you must include separate support for each.)

- |  |                                       |
|--|---------------------------------------|
| ____ Braille version of exam           | ____ Wheelchair accessibility         |
| ____ Large print (18 pt.) exam         | ____ Use of medications               |
| ____ Use of reader                     | ____ Use of sign-language interpreter |
| ____ Use of scribe to record responses |                                       |

\_\_\_\_ Rest time during exam sessions – must specify amount of rest time requested for each exam session \_\_\_\_\_

\_\_\_\_ Additional testing time – must specify amount of additional time requested for each exam session \_\_\_\_\_

\_\_\_\_ Other – please specify \_\_\_\_\_  
\_\_\_\_\_



I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of person signing on  
behalf of applicant

\_\_\_\_\_  
Date

**The Board of Law Examiners reserves the right to make the final decision concerning special accommodations for the Uniform Bar Examination administered in South Carolina.**

**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA**  
**SPECIAL ACCOMMODATIONS REQUEST**  
**FORM B**  
**MEDICAL DECLARATION VERIFICATION FORM**  
**PLEASE PRINT OR TYPE**

This form is to be filled out by a licensed physician or licensed professional.

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

LICENSED PHYSICIAN OR  
LICENSED PROFESSIONAL:  
(Please Type or Print Legibly)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Briefly describe your diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment consists of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of treatment or number of visits during past three years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I last examined the applicant on \_\_\_\_\_

As a result of my examination and treatment of the applicant, I have made the following findings and conclusions:

Subjective complaints: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Objective findings (describe and attach testing, results, data, etc., on which objective findings are based): \_\_\_\_\_

\_\_\_\_\_

Nature and extent of disability: \_\_\_\_\_

\_\_\_\_\_

Explain the specific condition or physical problem that requires testing accommodations:

\_\_\_\_\_

Is this a permanent condition or disability? ☐ Yes ☐ No

If no, when is the condition or disability likely to abate? \_\_\_\_\_

\_\_\_\_\_

In what way does the condition or disability affect the applicant's ability to read, write and/or concentrate for extended periods of time? \_\_\_\_\_

\_\_\_\_\_

South Carolina administers the Uniform Bar Examination (UBE) every February and July. The UBE is a timed written examination administered in three-hour sessions from 9:30 a.m. until 12:30 p.m. and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday.

The first day consists of two performance test (MPT) questions in the morning session and six essay questions (MEE) in the afternoon session. The MPT and MEE are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers or they may handwrite their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Based on this applicant's disability and your diagnosis, what testing accommodations would you recommend? (Check all that would apply)

\_\_\_\_\_ Braille version of exam

\_\_\_\_\_ Wheelchair accessibility

\_\_\_\_\_ Large print (18 pt.) exam

\_\_\_\_\_ Use of medications

\_\_\_\_\_ Use of reader

\_\_\_\_\_ Use of sign-language interpreter

\_\_\_\_\_ Use of a scribe to  
record responses

\_\_\_\_\_ Use of magnifying glass

\_\_\_\_\_ Rest time during exam sessions – Please specify: \_\_\_\_\_ minutes per session. If a specific amount of additional testing time is NOT indicated, this part of the petition cannot be processed.

\_\_\_\_\_ Additional testing time - Please specify: \_\_\_\_\_ minutes per session. If a specific amount of additional testing time is NOT indicated, this part of the petition cannot be processed.

**If both rest time and additional time are recommended, explain the grounds for each based on the applicant's disability and your diagnosis.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other - Please Specify: \_\_\_\_\_

\_\_\_\_\_  
Please describe your credential(s) allowing you to verify this applicant's disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Signature of Physician or Licensed Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
State and License Number

**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA  
SPECIAL TESTING ACCOMMODATIONS  
FORM C  
LEARNING DISABILITY VERIFICATION**

This form is to be filled out by a qualified professional – licensed Psychologist, licensed Neurophysiologist, licensed Educational or School Psychologist, Educational Diagnostician, Learning Disabilities Specialist, or Educational Therapist.

Qualified Professional (type or print legibly)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number or P.O. Box

\_\_\_\_\_  
City/State/Zip

Telephone: \_\_\_\_\_

Please describe the credential(s) and current professional standing which qualify you to diagnose and/or verify the applicant's disability and to recommend special testing accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bar Applicant's Name: \_\_\_\_\_

**A. Diagnosis**

1. Provide DSM-5 diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date the applicant was first diagnosed: \_\_\_\_\_

3. Date of your most recent diagnosis of the applicant's disability:

\_\_\_\_\_

**B. Evaluation**

1. Is the applicant significantly impaired in his or her ability to read, write, and/or concentrate for extended periods of time? Yes \_\_\_\_ No \_\_\_\_

If yes, describe:

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2. Describe and attach results of objective testing you performed on the applicant that would suggest that the applicant is unable to perform an activity that most people in the general population can perform:

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3. Were alternate explanations for presenting complaints ruled out via a thorough differential diagnosis? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe:

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4. Briefly describe the treatment(s) that the applicant has received in the past and/or is currently receiving and the effect of treatment.

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5. Does this treatment reduce the applicant's impairment? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

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**C. Recommendation**

South Carolina administers the Uniform Bar Examination (UBE) every February and July. The UBE is a timed written examination administered in three-hour sessions from 9:30 a.m. until 12:30 p.m. and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday.

The first day consists of two performance test (MPT) questions in the morning session and six essay questions (MEE) in the afternoon session. The MPT and MEE are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers or they may handwrite their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Based on the applicant's disability and your diagnosis, what testing accommodation(s) would you recommend for taking the South Carolina Bar Examination?

\_\_\_ Large print (18 pt). exam materials

\_\_\_ Use of a reader

\_\_\_ Use of a scribe to record responses

\_\_\_ Rest time during exam sessions – Please specify: \_\_\_\_\_ minutes per session. If a specific amount of additional testing time is NOT indicated, this part of the petition cannot be processed.

\_\_\_ Additional testing time for each examination session. If a specific amount of additional testing time is not indicated, this portion of the petition will not be processed.

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**If both rest time and additional time are recommended, explain the grounds for each based on the applicant's disability and your diagnosis.**

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Other \_\_\_\_\_

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**In addition to completing this form, the applicant must upload a separate evaluation that must comply with the guidelines listed below:**

Should be completed or updated within the past (3) years; an updated evaluation does not necessarily need to be a full, comprehensive diagnostic evaluation, but must provide information concerning relevant treatment, course of condition, current impairment, and rationale for current accommodation requests. The previous comprehensive diagnostic evaluation must be submitted with the updated evaluation.

Meet full, standard criteria for LD determination with an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale.

Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Provide evidence that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment.

Explain past and current treatments for this condition and the effects of these treatments in ameliorating symptoms.

Provide data-based evidence of significant impairment in the area for which an accommodation is requested.

I declare under penalty of perjury that the above information is true and correct. I understand that this information may be reviewed by a qualified professional retained by the Board of Law Examiners to assist in determining testing accommodations.

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Signature of Qualified Professional

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Date

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State and License Number

**Upload all relevant documentation, including your complete evaluation of the applicant and any past evaluations. Completion of this request form is not sufficient evidence to support a request for a testing accommodation.**



**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA  
SPECIAL TESTING ACCOMMODATIONS  
FORM D**

**ATTENTION DEFICIT-HYPERACTIVITY DISORDER VERIFICATION**

This form is to be filled out by a qualified professional – licensed Psychologist, licensed Neurophysiologist or licensed Psychiatrist

Qualified Professional (type or print legibly)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street Number or P.O. Box

City/State/Zip

Telephone: \_\_\_\_\_

Please describe the credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend special testing accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bar Applicant's Name: \_\_\_\_\_

**A. Diagnosis**

1. Provide DSM-5 diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date the applicant was first diagnosed: \_\_\_\_\_

3. Date of your most recent diagnosis of the applicant's disability:

\_\_\_\_\_

**B. Evaluation**

1. Is the applicant significantly impaired in his or her ability to read, write, and/or concentrate for extended periods of time? Yes \_\_\_\_ No \_\_\_\_

If yes, describe:

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2. Describe and attach results of objective testing you performed on the applicant that would suggest that the applicant is unable to perform an activity that most people in the general population can perform:

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3. Were alternate explanations for presenting complaints ruled out via a thorough differential diagnosis? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe:

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4. Briefly describe the treatment(s) that the applicant has received in the past and/or is currently receiving and the effect of treatment.

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5. Does this treatment reduce the applicant's impairment? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

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**C. Recommendation**

South Carolina administers the Uniform Bar Examination (UBE) every February and July. The UBE is a timed written examination administered in three-hour sessions from 9:30 a.m. until 12:30 p.m. and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday.

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The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Based on the applicant's disability and your diagnosis, what testing accommodation(s) would you recommend for taking the South Carolina Bar Examination?

☐ Large print (18 pt). exam materials

☐ Use of a scribe to record responses

☐ Use of a reader

☐ Rest time during exam sessions – Please specify: \_\_\_\_\_ minutes per session. If a specific amount of additional testing time is NOT indicated, this part of the petition cannot be processed.

☐ Additional testing time for each examination session. If a specific amount of additional testing time is not indicated, this portion of the petition will not be processed.

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**If both rest time and additional time are recommended, explain the grounds for each based on the applicant's disability and your diagnosis.**

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**In addition to completing this form, the applicant must submit a separate evaluation that must comply with the guidelines listed below:**

Should be completed or updated within the past (3) years; an updated evaluation does not necessarily need to be a full, comprehensive diagnostic evaluation, but must provide information concerning relevant treatment, course of condition, current impairment, and

rationale for current accommodation requests. The previous comprehensive diagnostic evaluation must be submitted with the updated evaluation.

Meet full, standard criteria for AD/HD determination with an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale.

Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Provide evidence that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment.

Explain past and current treatments for this condition and the effects of these treatments in ameliorating symptoms.

Provide data-based evidence of significant impairment in the area for which an accommodation is requested.

I declare under penalty of perjury that the above information is true and correct. I understand that this information may be reviewed by a qualified professional retained by the Board of Law Examiners to assist in determining testing accommodations.

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Signature of Qualified Professional

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Date

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State and License Number

**Upload all relevant documentation, including your complete evaluation of the applicant and any past evaluations. Completion of this request form is not sufficient evidence to support a request for a testing accommodation.**

**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA  
FORM E  
STATEMENT OF LAW SCHOOL OFFICIAL**

THE PETITION OF:

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(Petitioner)

I, \_\_\_\_\_, as \_\_\_\_\_ state that  
(Dean/Associate, Registrar)

my position at \_\_\_\_\_ is such that it is my  
(Name of Law School)

responsibility to authorize any special accommodations requested by students for the specific purpose of facilitating their participation as examinees. The above-named petitioner, who \_\_\_\_\_ in attendance at this law school, was given authorization to receive the following (is/was) special accommodations during the administration of exams at this school.

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Executed on \_\_\_\_\_ by \_\_\_\_\_  
(Name)

**BOARD OF LAW EXAMINERS OF THE STATE OF SOUTH CAROLINA**  
**FORM F**  
**SPECIAL ACCOMMODATIONS FORM FOR APPLICANTS WITH DISABILITIES**  
**STATEMENT OF ANOTHER BAR JURISDICTION**

IN REGARDS TO THE PETITION OF: \_\_\_\_\_

(Petitioner)

I, \_\_\_\_\_, as \_\_\_\_\_

(Title)

state that my position at \_\_\_\_\_

(Name of Jurisdiction)

is such that it is my responsibility to monitor and authorize any special accommodations requested by disabled students for the specific purpose of facilitating their participation as examinees. The petitioner, who sat for the     FEBRUARY / JULY     (year) bar examination was authorized to receive special testing accommodations during this examination as outlined below.

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Executed on \_\_\_\_\_ by \_\_\_\_\_

(Date)

(Official's Signature)