IN THE SUPREME COURT OF OHIO BEFORE THE BOARD OF BAR EXAMINERS

In the Matter of the Request of

CERTIFICATE OF ACCOMMODATIONS

for Testing Accommodations

(To be completed by any educational institution or employer that has provided accommodations to the applicant)

The above applicant has requested accommodations to take the Ohio Bar Examination. The information you provide below will assist the Board of Bar Examiners in reviewing the applicant's request. It is important that all applicable questions be answered completely and that this certificate be submitted timely.

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Please print or type your responses.		
1.	List your name, position, name of the educational institution (or name of company or other employer), address, telephone number and email address.	
2.	Identify the course of study in which the applicant was enrolled at your educational institution (or provide the applicant's position of employment).	
3.	Provide the dates during which the applicant was enrolled at your educational institution (or employed by you).	

FORM SA: 3.1 (11/18)

4.	While enrolled at your educational institution (or employed by you), did the applicant request that accommodations be granted? Yes No	
5.	Was the applicant granted any accommoda	ations?
6.	State the nature of the physical or other im for granting accommodations.	pairment of the applicant that served as the basis
7.	Please describe the documentation that you support the grant of accommodations.	a required and that the applicant provided to
8.		granted to the applicant. If any accommodations fully describe any changes in customary testing
		Signature
		Date