

This form is required of all applicants requesting accommodation

**FORM 7
TESTING ACCOMMODATION
BAR ADMISSIONS ADMINISTRATOR VERIFICATION
Must be completed by an Official of another Bar Jurisdiction
Only**

This form will not be valid if completed by Applicant

IN RE: _____
(Applicant's Name)

I, _____,
(Name of Administrator)

as _____
(Title)

state that my position on the staff of the bar admitting authority in _____
(Name of Jurisdiction)

is such that it is my responsibility to oversee the testing accommodation for bar admission applicants.

The applicant, who wrote the bar examination in _____ (month/year),
received testing accommodation as follows:

Executed on _____ by _____
(Date) (Signature)

Address: _____

Telephone: _____ Fax: _____