

FORM C

**LAW SCHOOL STATEMENT
REGARDING TESTING ACCOMMODATIONS GRANTED**

Applicant Name

The above-named applicant received testing accommodations for the following disability(s) while taking exams at this school: _____

during the following periods: _____

The testing accommodations provided are described as follows:

Was medical documentation provided by the student or medical professional when the accommodation was first requested?

What medical documentation was provided? _____

Signature

Date

Title

Law School

Telephone #