

BOARD OF BAR EXAMINERS
244 WASHINGTON STREET, SW
SUITE 440
ATLANTA, GA 30334
(404) 656-3490

Administrative Accommodation Form
(Request for Assistive Device and/or Request for Special Seating)

This form must be filed for each Bar Examination you apply for in Georgia.

Complete the form to:

- Request authorization to bring an assistive device that is prohibited by the Board's **Rules, Procedures and Instructions for the Bar Examination**, such as diabetic supplies or food, a lumbar support, or a lactation pump, into the Examination Room.
- Request special seating because of a medical condition.

DEADLINE FOR SUBMISSION OF THIS FORM: **December 1** for the February Bar Examination
May 1 for the July Bar Examination

(Please type or legibly print.)

APPLICANT'S NAME:		
ADDRESS:		
DAY TIME PHONE:		
SOCIAL SECURITY NUMBER:		
DATE OF EXAM:	Month:	Year:

1. List the assistive device you wish to bring into the Examination Room, and provide an explanation for why the device is needed. **Be as specific as possible.**

2. Indicate your special seating request, and provide an explanation for why the request is needed. Check (✓) all that apply to you.

_____ Near Exam Room Entrance _____ Near Rear of Exam Room _____ Near Restroom
_____ Wheelchair _____ Other (Specify) _____

Explanation: _____

APPLICANT'S SIGNATURE: _____ DATE: _____