



Georgia Office of Bar Admissions

CERTIFICATE OF NONSTANDARD TESTING ACCOMMODATIONS FORM C

- ☐ I have never requested testing accommodations from any educational institution, testing authority, or employer.
- ☐ I have requested testing accommodations from the educational institution, testing authority, or employer listed below.

Signature of Applicant

In re the request of _____ for nonstandard testing accommodations.
(Applicant's name)

This form is to be completed by an authorized representative of any educational institution, testing authority, or employer that has provided nonstandard testing accommodation(s) to the above applicant. ***Please note that you may submit the Accommodations Confirmation letter you received from MPRE and/or LSAT in lieu of Form C.***

1. Please provide your name, position, email address, and phone number, as well as the name of your educational institution or testing authority.
2. Please advise the course of study in which the applicant was enrolled or the testing program for which the applicant was registered and the date(s) of such course of study or testing program.
3. Please describe the nonstandard testing accommodation(s) requested by the applicant.
4. Please provide a detailed description of the nature of the physical or mental impairment of the applicant that served as the basis for the decision to provide nonstandard testing accommodation(s).
5. Please provide a detailed description of the nonstandard testing accommodation(s) provided to the applicant and the manner in which the accommodations differed from customary testing conditions.
6. Please describe any nonstandard testing accommodation(s) requested by the applicant that were not provided and the reason(s) for the denial.

Date

Signature of Authorized Representative