

FORM 6

REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS

IN THE SUPREME COURT OF THE STATE OF HAWAII
BEFORE THE BOARD OF BAR EXAMINERS

In the Matter of the Application

of

(Full legal name)

for

Admission to the Bar of the State of Hawaii

REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS

I, (full name:), request non-standard testing due to disability. In support of my request, the following required information is provided.

1. I became disabled (date):

2. The law school(s) I attended did did not provide non-standard testing accommodations. The name, address, and telephone number of each law school that provided accommodations is:

A **Form 8** Certificate of Non-Standard Testing Accommodations from each law school that provided accommodations is attached.

FORM 6

REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS

3. The college(s) or university(ies) I attended did did not provide non-standard testing accommodations. The name, address, and telephone number of each college or university that provided accommodations is:

A **Form 8** Certificate of Non-Standard Testing Accommodations from each college or university I attended is attached.

4. My employers have have not provided non-standard testing or working accommodations. The name, address, and telephone number of each employer who provided accommodations is:

A **Form 8** Certificate of Non-Standard Testing or Working Accommodations from each employer is attached.

5. Testing organizations have have not provided testing accommodations. The name, address, and telephone number of each testing organization that provided accommodations is:

A **Form 9** Certificate of Non-Standard Testing Accommodations from each testing organization is attached.

6. In addition to the law school(s) and college(s) or university(ies) listed above, other educational institutions have have not provided non-standard testing accommodations. The name, address, and telephone number of each such institution that provided accommodations is:

A **Form 8** Certificate of Non-Standard Testing Accommodations from each institution is attached.

FORM 6

REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS

7. The name, address, and telephone number of each medical, psychological, or educational authority that examined me to assess the nature and extent of my disability is:

A **Form 7** Certificate of Medical, Psychological, or Educational Authority is attached for each listed examiner.

8. The physical or mental impairment for which I seek non-standard testing accommodations is (describe):

9. I ask that the Hawai'i Board of Bar Examiners provide the following non-standard testing accommodations:

10. The non-standard testing accommodations requested herein will be enable me to demonstrate the essential skills and aptitudes required for admission to the bar, which I would not otherwise be able to demonstrate, by (explain):

