



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500

FORM G

OTHER JURISDICTION’S TESTING ACCOMMODATIONS VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the bar admissions administrator from the state in which you received testing accommodations to take that state’s bar examination. Please read, complete, and sign below before submitting this form to the bar admission authority for completion of the remainder of this form.

Applicant’s full name: _____

File Number:

I give permission to the bar admission administrator completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO BAR ADMISSIONS ADMINISTRATOR:

The above-named person is requesting accommodations on the California First-Year Law Students’ Examination or the California Bar Examination. Please print or type your responses to the items below that pertain to the applicant’s accommodations that he/she were granted to take the bar examination in your state.

I, _____, state that my position
(Name of Bar Admissions Administrator)

on the staff of the bar admissions authority in _____
(Name of Jurisdiction)

is such that it is my responsibility to administer the program for providing testing accommodations for bar admission applicants with disabilities.

The above named petitioner, who took the _____ bar examination,
(Date)

was was not

granted testing accommodations during this examination.

Petitioner was accommodated for the following disability:

And was granted the following accommodation(s): _____

I certify that the information supplied on this form is true and correct based on the information retained in our records.

Executed on _____ by _____
(Date) *(Signature)*

Address: _____

Telephone Number: _____