

Request Form for Special Testing Accommodations
Wyoming State Board of Law Examiners

Name _____ Date _____

Applicant Testing Number _____ Date of Intended Exam _____

1) Please describe the disability for which you are seeking special accommodations (Disability in the supreme court rules governing admission is described as a physical or mental impairment that substantially limits the ability of the applicant to demonstrate, under standard testing conditions, that the applicant possesses the essential skills and aptitudes that the Supreme Court of Wyoming and the Board of Law Examiners have determined are appropriate to require for admission to the practice of law in Wyoming).

2) Special accommodation(s) requested (Please ensure that specific terms of the request correspond and address aspects of the disability described above).

3) Other special accommodations provided by educational institutions or testing authorities in the past (Briefly describe the date, the accommodation(s) requested, those provided and the institution or authority granting the accommodation(s). Provide addresses of all institutions or authorities listed).

Please attach to this request a certificate from a medical, psychological or other authority as "Exhibit A". Attach a certificate from an educational or other testing authority as "Attachment B", if applicable. If more than one attachment is necessary for either certification, please indicate succeeding certificates as A1, A2, etc. Finally, please execute an authorization and release for review of the accommodations request as "Exhibit C". Forms for these exhibits are provided by the board of law examiners. Please return completed forms to the board at P.O. Box 109, Cheyenne, WY 82003-0109.

Exhibit A
Statement of Medical, Psychological or Other Appropriate Authority
(To be completed by health care or other specialist)

Name of Specialist _____ Years in practice _____

Office Address _____ Type of Practice _____

Degrees Held _____

1) Please describe your relationship or familiarity with the applicant:

2) Please describe the nature and extent of the applicant's impairment:

3) Describe the test or tests performed to diagnose the disability or impairment:

4) Describe the effect of the disability on the applicant's ability to take the bar exam under normal testing conditions (The Wyoming Bar exam attempts to determine if an applicant can identify and evaluate relevant facts and legal issues, organize information and respond in a skillful and coherent manner utilizing acceptable language and grammar under strict time constraints. The two-day examination consists of a four-hour essay test given on the first day and two three-hour segments of a standardized multiple choice test on the second):

5) Please describe the special testing conditions recommended or deemed necessary to account for the applicant's disability or impairment without giving a special advantage over other applicants:

Please attach any further statement or description you feel may be necessary for the board to understand or provide for in considering or granting this request.

With my signature below, I certify that the information I have provided is true and correct to the best of my belief. I understand the applicant has executed an authorization and release stating that no lawsuit will be predicated upon the information I have provided.

Signature of Specialist _____

Date _____

Exhibit B

Certificate from Educational or Other Testing Authority

(To be completed by educational or testing authority official. Please type or print.)

Name of Applicant: _____

Name of Institution or Authority: _____

Address: _____

Telephone Number: _____

1) Please describe any educational or special testing accommodations provided to the above-named applicant by your institution or testing authority.

2) Please give dates that accommodations were made. If specific test accommodations were made, please give precise date and location of the test.

3) Does the record reflect that any request or any portion of the applicant's request for special accommodations was refused or denied?

4) Was certification of the applicant's disability by a medical or other specialist required as a condition of granting the request for special accommodations?

5) If medical or other certification was required, please provide the specialists' name, address and telephone number.

Exhibit C
Applicant's Authorization and Release
For Review of Special Accommodations Request

Please read the following authorization and release carefully before signing. This release will be utilized to facilitate your request for special accommodations. No request will be processed without the proper notarized signature of this release:

I _____ Wyoming state bar applicant number _____ hereby authorize and request every educational institution and every medical, psychological or other appropriate authority with records pertaining to the undersigned's disability or past accommodations made or requested to provide such documents, records, tests, formal or informal statements or other pertinent data to the Wyoming State Board of Bar Examiners that each of these agencies may retain.

I certify that persons requesting, providing or reviewing such documentation, files or other information pertaining to the applicant's medical, psychological or other condition giving rise to the applicant's declared disability, including the board of law examiners, the executive secretary for the board and other persons working under the direction of the board or executive secretary, shall be immune from personal liability for all conduct performed within the scope of their official duties. Information provided to the board of law examiners concerning an applicant's medical, educational or psychological condition or history shall be held as confidential as possible by the board and its staff, and no lawsuit may be predicated thereon.

I understand the terms of this authorization and release, and I certify that the information provided here and on the board's request form for special testing accommodations is true and correct to the best of my belief.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission: _____ expires _____; or _____ is permanent.

Affix Seal: