



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

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

**FORM F  
LAW SCHOOL 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 law school official who can confirm the testing accommodations that you received during law school. Please read, complete, and sign below before submitting this form to the law school official for completion of the remainder of this form.

Applicant's full name:

File Number:

I give permission to the law school official 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 or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

**NOTICE TO LAW SCHOOL OFFICIAL:**

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 received in law school.

I, \_\_\_\_\_, state that my position is  
*(Name of Law School Official Completing Form)*

\_\_\_\_\_ at \_\_\_\_\_  
*(Dean/Registrar/Disabilities Program Coordinator)* *(Name of Law School)*

As such, it is my responsibility to authorize any testing accommodations requested by students with disabilities for the specific purpose of allowing such students to take examinations on an equal basis with other students.

The above named petitioner, who \_\_\_\_\_ in attendance at this law school \_\_\_\_\_  
*(is/was)* *(was/was not)*  
given authorization to receive testing accommodations during the administration of examinations at this school.

Petitioner was accommodated for the following disability:

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And was granted the following accommodation(s): \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Executed on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Signature)

Address:

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Telephone Number: \_\_\_\_\_