

CONNECTICUT BAR EXAMINING COMMITTEE
100 Washington Street, First Floor
Hartford, CT 06106
(860) 706-5135

Administrative Accommodation Request
(Request for Assistive Device and/or Special Seating Request)

Complete this form to:

- Request permission to bring an assistive device that is prohibited by the Committee's Security Policy, such as diabetic supplies, a lumbar support or a lactation pump, into the examination room; and/or
- Request special seating because of a medical condition.

This form must be filed for each bar exam you apply for in Connecticut. The form and the supporting medical documentation should be received by the Committee no later than February 1 for a February exam or July 1 for a July exam. If you do not complete this form by the deadline, the Committee will not be able to process your request.

NAME _____ EXAM _____

1. List the assistive device(s) you wish to bring into the examination room and provide an explanation for why the device is needed:

2. Indicate your special seating request and provide an explanation for why the request is needed:

____ Near Restroom ____ Near Entrance ____ Rear of Exam Room

____ Wheelchair ____ Other (Specify) _____

Explanation:

3. Attach medical documentation verifying the condition(s) for which the above request(s) has/have been made. If supporting medical documentation is not received, your request(s) will be denied.

APPLICANT'S SIGNATURE:

DATE: _____