

5. When was the disability first diagnosed by a treating professional (date and age)?

6. Are you currently being treated? Yes No

If yes, provide the name, qualifications and contact number of your current treating professional.

7. What treatment and/or medication(s) are currently being prescribed?

8. Are you taking the treatment and/or medication as prescribed? Yes No

If no, explain why not:

9. Is the treatment and/or medication effective in addressing or controlling your symptoms?

Yes No N/A

If no, explain why not: _____

III. PAST ACCOMMODATIONS

1. Did you receive disabled-student services, tutoring services, and/or testing accommodations in elementary, middle school or junior high school and/or high school?
 Yes No

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability? _____

What accommodations did you receive? _____

2. Did you receive disabled-student services, tutoring services, and/or testing accommodations in college?
 Yes No

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability? _____

What accommodations did you receive? _____

3. Did you request accommodations to take the LSAT?
 Yes No

If yes, attach a copy of the letter you received from LSAC detailing the results of your request(s) for testing accommodations for each administration of the LSAT you took.

What was your disability? _____

What accommodations did you receive? _____

If your request was denied or only partially granted, please explain: _____

IV. ACCOMMODATIONS REQUESTED (check all that apply)

Classroom and Exam Accommodations

- Permission to audiotape class lectures
- Access to large print material (check one: 18 pt. 24 pt. Other _____)
- Semi-Private Room for Exams
- Extra Time for Exams
- Other (please specify): _____

Please provide rationale for requests indicated:

CERTIFICATION AND AUTHORIZATION

I am aware that it is my responsibility to file a complete petition, which includes all necessary forms, and understand that it will not be processed if found to be incomplete. I have attached all original forms, supporting affidavits or documents in legible form.

I understand that it is possible that my application for accommodations and all supporting documents may be referred to an expert consultant retained by the Law School for review. I authorize such disclosure, and further consent to having the Law School contact my specialist to discuss the information provided by the specialist and my request for testing accommodations during law school.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct. I understand that false statements made herein could be subject to the code of student conduct.

(Applicant Signature)

(Date)