

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

FORM G

**SPECIAL ACCOMMODATIONS FORM FOR APPLICANTS WITH DISABILITIES
STATEMENT OF ANOTHER BAR JURISDICTION**

Print or type your responses to the item below. Return this completed form to the applicant for submission to the North Carolina Board of Law Examiners.

IN REGARDS TO THE PETITION OF: _____
(Petitioner)

I, _____, as _____
(Title)

State that my position at _____ is such that it is my
(Name of Jurisdiction)

responsibility to monitor and authorize any special accommodations requested by disabled students for the specific purpose of facilitating their participation as examinees.

The above-named petitioner, who sat for the JULY/FEBRUARY, _____ bar examination was authorized to the following special accommodations this examination:

Executed on this the _____ day of _____

by: _____
(Signature of Official)