

# Form F – STATEMENT OF LAW SCHOOL ACCOMMODATIONS

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form F to your law school for completion).
- **LAW SCHOOL REPRESENTATIVE FORM** (must be completed by a law school representative responsible for authorizing test accommodations).

## APPLICANT AUTHORIZATION

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

**===== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =====**

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

«GLB PERS Name Full CO» \_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)