

NEW YORK STATE BOARD OF LAW EXAMINERS
Corporate Plaza, Building 3
254 Washington Avenue Extension
Albany, NY 12203
Tel: (518) 453-5990
Fax: (518) 452-5729

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 Board'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 New York. The form should be faxed to the Board's office at (518) 452-5729 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 Board will not be able to process your request.

NAME _____ **BOLE ID** _____

- 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: _____

APPLICANT'S SIGNATURE: _____

DATE: _____