

NEW YORK STATE BOARD OF LAW EXAMINERS
Corporate Plaza, Building 3, 254 Washington Ave. Ext., Albany NY 12203
Fax Number: (518) 452-5729

Administrative Accommodation Request Form For Health-Related Conditions

ALL REQUESTS MUST BE SUBMITTED WITH APPROPRIATE SUPPORTING MEDICAL DOCUMENTATION

Complete this form to request permission to bring an assistive device otherwise prohibited by the Board's Security Policy, such as diabetic supplies, a lumbar support or a lactation pump, into the examination room; and/or to request special seating because of a medical condition or the need to use a lactation device during a testing session. **This form is not to be used for requests for extra testing time or other testing accommodations under the ADA.**

The form should be faxed to the Board's office at (518) 452-5729 no later than January 1 for a February exam or June 1 for a July exam. If the need for administrative accommodations should occur after this deadline, you may make a request by submitting this form and providing supporting documentation but the Board cannot guarantee that the request will be granted.

Name: _____ **BOLE ID:** _____

Nature of Request:

Explanation for Request:

By signing this form, I acknowledge and affirm my understanding that I must provide supporting medical documentation for this request, that I must comply with the above deadline and that untimely requests may not be granted.

Applicant's Signature: _____ **Date:** _____