



REQUEST FOR ADA ACCOMMODATION

It is BARBRI's policy to comply with the Americans with Disabilities Act (ADA), including the provision of appropriate auxiliary aids and services to students with disabilities to ensure effective communication.

If you have a disability and would like to request an accommodation under the ADA, please complete **both pages** of this form and submit it to: **BARBRI ADA Director, 200 West Adams, Suite 250, Chicago, IL 60606**. You also may e-mail it to ADARRequests@barbri.com or fax it to **(312) 288-4607**.

After BARBRI's receipt of this form, you will be contacted about your request and for additional information, if necessary. To give BARBRI sufficient time to evaluate your request, please return your form as soon as possible. It may be difficult to provide accommodations in a timely manner if we do not receive your request **at least 90 days before the course begins**.

If you have any questions, please call the BARBRI ADA Department at (800) 621-0498 or e-mail ADARRequests@barbri.com.

Name of Student: _____

Type of Disability: _____

Accommodation(s) Requested: _____

Course Information (please check all boxes that apply):

Bar Review Course(s): _____
(Indicate state(s), whether taking winter or summer course, and year)

MPRE Review Course: _____
(Indicate state and date of MPRE)

Law School Materials: _____
(Indicate state, name of law school, and year in school)

Other: _____
(Indicate state and nature of request)

Mailing Address: _____

Telephone: _____ E-mail: _____

1. Please describe the nature of your disability as it relates to your request.

2. Please describe the type of accommodation you are requesting.

3. What accommodations, if any, are you requesting from the state Bar Examiners?

4. Please submit documentation of your disability or of the auxiliary aids or services that were provided to you previously. A letter from the appropriate official at your law school or vocational rehabilitation agency is sufficient for this purpose, or you may provide a doctor's note or other medical documentation. **You may submit your documentation separately from this form.**

Signature: _____ Date: _____