



## Georgia Office of Bar Admissions

### CERTIFICATE OF NONSTANDARD TESTING ACCOMMODATIONS FORM C

In re the request of \_\_\_\_\_ for nonstandard testing accommodations.

This form is to be completed by an authorized representative of any educational institution, testing authority, or employer that has provided nonstandard testing accommodation(s) to the above applicant.

1. Please provide your name, position, email address, and phone number, as well as the name of your educational institution or testing authority.
2. Please advise the course of study in which the applicant was enrolled or the testing program for which the applicant was registered and the date(s) of such course of study or testing program.
3. Please describe the nonstandard testing accommodation(s) requested by the applicant.
4. Please provide a detailed description of the nature of the physical or mental impairment of the applicant that served as the basis for the decision to provide nonstandard testing accommodation(s).
5. Please provide a detailed description of the nonstandard testing accommodation(s) provided to the applicant and the manner in which the accommodations differed from customary testing conditions.
6. Please describe any nonstandard testing accommodation(s) requested by the applicant that were not provided and the reason(s) for the denial.

Date:

\_\_\_\_\_  
Signature