



Application for Admission to the Palau Bar
Form F: Law School Testing Accommodations Verification

All original documents must be received by the Supreme Court of the Republic of Palau by the deadline for the Application for Admission to the Palau Bar.

(Please print or type; form must be legible)

NOTICE TO APPLICANT: Section I of this form is to be completed by you.

The remainder of the form is to be completed by the law school official responsible for authorizing test accommodations. Please read, complete and sign below before submitting this form to the law school authority for completion of the remainder of this form.

Section I	
Applicant's full name:	_____
Date of Birth:	_____
Law School Attendance Dates:	_____
Applicant's mailing Address:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
I give permission to the law school official completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Supreme Court of the Republic of Palau.	
Applicant's Signature _____	Date: _____

NOTICE TO LAW SCHOOL OFFICIAL: Please complete Section II on the next page. Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Supreme Court of the Republic of Palau for consideration of the applicant's request for test accommodations.

Section II

The above-named person is requesting accommodations for the Republic of Palau bar examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she was granted to take the bar examination in your state.

I, _____, state that my position on the staff of
(Name of Law School Official)

_____, _____
(Name of Law School) (Location of Law School - City, State, Country)
is such that it is my responsibility to administer the program for providing testing accommodations for law students with disabilities.

The above-named applicant, was was not
granted testing accommodations during law school.

Applicant was accommodated for the following disabilities:

And was granted the following accommodations:

I certify that the information supplied on this form is true and correct.

(Signature of person completing form)

(Date signed)

(Title)

(Daytime telephone)

(Email address)