

Maryland State Board of Law Examiners
Certification of ADA Accommodations History

Instructions: This form is to be completed by an official from an educational institution (“school”) that has provided ADA accommodations to the applicant. Return this completed form to the applicant, who will submit it to SBLE. Alternatively, the entity may provide a letter that addresses the information requested in this form. Electronic signatures are accepted.

Applicant’s Information

Applicant’s Full Name:

DOB:

School Information

School Name:

Address:

Name of official completing this form:

Email address of official completing this form:

Accommodations History

1. State the course of study (e.g., college, graduate school, law school) for which the applicant was enrolled and the dates of such enrollment or registration.)

2. List all accommodations granted and the dates thereof. If the accommodations included extra time, state the amount either as a percentage (e.g., 50% extra time), or as a multiplier (e.g. “time and one-half”), or as extra minutes per hour. If the applicant received different accommodations over time, provide a full history over the period of enrollment.

Official’s Certification: I hereby certify that contents of this document are true and correct to the best of my knowledge, information and belief.

Official’s signature:

Date: