# REQUEST FOR ADA ACCOMMODATION

BARBRI's policy to comply with the Americans with Disabilities Act of 1990 (ADA) includes 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 sides** of this form and submit it to **Betsy Snyder, BARBRI ADA Director, 200 West Adams, Suite 250, Chicago, IL 60606**. All requests must be in writing. Promptly after BARBRI's receipt of this form, you will be contacted about your request and to gather additional information if necessary. To give BARBRI sufficient time to evaluate your request, please return your form immediately. It may be difficult to provide accommodations to you in a timely manner if we don't receive your request **at least 90 days before the course begins**.

Type of Disability:_____

Accommodation Requested:_____

_____

State Exam:_____ Lecture Site:_____
City State

Date Course Begins: _____
(Month/Day/Year)

Your Name: _____
(Please print)

Your Signature: _____

Address:_____
Street City State Zip Code

Telephone: (_____)_____ Date of Request:_____
(Month/Day/Year)

E-Mail: _____

**[over]**

ANY QUESTIONS? PLEASE CALL THE BARBRI ADA OFFICE,
(800) 621-0498 BETWEEN 9 am - 5 pm CENTRAL TIME;
OR E-MAIL: betsy.snyder@barbri.com.

**RETURN TO: BETSY SNYDER, 200 WEST ADAMS, SUITE 250, CHICAGO, IL 60606 OR FAX TO (312) 288-4607.**

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

2. What type of auxiliary aid or service has been provided to you during law school? Did you use this aid or service throughout all your law school classes?

3. Please submit documentation that such aid or service was provided. A letter from the appropriate official at your law school or vocational rehabilitation agency is satisfactory for this purpose, or you may provide a doctor's note or other medical documentation. **You may submit this documentation separately from this form**.

4. Are you requesting a different type of auxiliary aid or service than was provided to you in law school? If so, please explain the reason for the change.

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

_____ _____

Signature Date