

Board of Law Examiners
Appointed by the Supreme Court of Texas

**Request for Special Arrangement
For Health-Related Conditions**

Complete this form if you would like to request any of the following arrangements in order to address a health-related condition:

- Permission to bring an assistive device that is prohibited (such as diabetic supplies, a lumbar support, or a lactation pump) into the secure exam area.
- Special seating in the exam room.
- Special arrangements for lactating purposes.

Upload your completed Request **with medical documentation** to your ATLAS account by February 1 for a February bar exam and by July 1 for a July bar exam. You must submit a new request for each exam.

Name: _____ Bar Exam: _____

1. List the assistive device(s), if any, that you wish to bring into the secure exam area, and explain why you would like to bring each device in order to address your health-related condition:

2. Indicate your special seating request, if any:

- Near Restroom Near Entrance Near Water Fountain
 Wheelchair Rear of Exam Room Other: _____

Explain why you would like this special seating in order to address your health-related condition:

3. Describe special arrangements you would like for lactating purposes, if any, and explain why you would like them:

4. **Attach medical documentation** verifying each condition that is a basis for this Request.

Signature *(Typed signatures are acceptable.)*

Date

**Upload your completed request to your ATLAS account
by February 1 for a February bar exam and by July 1 for a July bar exam.
You must also upload medical documentation.**