

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

**FORM I**

**PETITION FOR ADMINISTRATIVE NON-STANDARD TESTING  
ACCOMMODATIONS FOR  
APPLICANTS BREASTFEEDING AT TIME OF EXAMINATION**

Please type or print

**TO:** Board of Law Examiners of the State of North Carolina  
5510 Six Forks Road, Suite 300  
Raleigh, NC 27609

**PETITION FOR:** Administrative Non-Standard Testing Accommodations During the  
Administration of a Bar Examination Due to Breastfeeding

**EXAM APPLIED FOR:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(name) (address)  
\_\_\_\_\_  
(city, state, zip)  
\_\_\_\_\_  
Telephone #: at place of employment Telephone #: at Home  
\_\_\_\_\_  
Telephone #: cellular/mobile  
E-mail address:  
\_\_\_\_\_

**I. REASON FOR REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS:**

1. Check the reason for which you are requesting accommodations.

Breastfeeding

2. Please provide the name, address and telephone number of your current health care professional.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. ACCOMMODATIONS REQUESTED FOR THE NORTH CAROLINA BAR EXAMINATION (CHECK ALL THAT APPLY)**

- Permission to bring lactation equipment and supplies to examination site
- Access to private area for breastfeeding and/or use of lactation equipment and supplies
- Off-the-clock breaks as needed for breastfeeding and/or use of lactation equipment and supplies

Additional Accommodations requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

**III. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE**

\_\_\_\_\_(Initial) The information I have provided in support of my request for test accommodations is true and complete.

\_\_\_\_\_(Initial) I understand that if the Board determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Board of Law Examiners reserves the right to treat such conduct as a character and fitness issue.

\_\_\_\_\_(Initial) I understand that all necessary documentation and information must be provided to the Board by the deadline and that my request for test accommodations may be denied if the deadline is missed.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed