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 ______________________