



302 South Bedford Street, Madison, WI 53703  
Phone: (608) 316-3070; Fax: (608) 316-3119  
Email: [mpre.ada@ncbex.org](mailto:mpre.ada@ncbex.org)

**REQUEST FOR MPRE TEST ACCOMMODATIONS**

---

**CERTIFICATION OF ACCOMMODATIONS HISTORY**

**INSTRUCTIONS**

This form is to be completed by an official from an educational institution or testing agency (hereinafter “entity”) that has provided the applicant with accommodations. Return this completed form to the applicant, who will submit it to NCBE. Alternatively, the entity may provide a letter that addresses the information requested in this form.

**APPLICANT’S FULL NAME:**

**ENTITY INFORMATION**

1. Name of entity:

Address:

City:

State:

Zip:

2. Name of official completing this form:

Title:

Telephone number:

**ACCOMMODATIONS HISTORY**

1. State the **course of study** (e.g., elementary, high school, college, law school) or **testing program** (e.g., SAT, ACT, LSAT) for which the applicant was enrolled and list the **dates** of enrollment or registration.

2. List **all accommodations granted** and the **dates** thereof. If the accommodations included extra testing time, state the amount either as a percentage (e.g., 50%) or as extra minutes per hour. If the applicant received different accommodations over time, provide the full history.

**OFFICIAL’S CERTIFICATION**

I certify that the information on this form is true and correct based on the information retained in our records.

**Official’s signature:**

**Date:**