



ARKANSAS STATE BOARD OF LAW EXAMINERS

FORM 8 APPLICANT REQUEST FOR REPEAT TEST ACCOMMODATIONS

NOTICE TO APPLICANT: Complete this form only if all the following conditions are met:

1. You have previously been granted accommodations by the Arkansas Board of Law Examiners (Board) for a prior bar examination.
2. There has been no material change in your condition since those accommodations were granted.
3. You are requesting the exact same accommodations previously approved by the Board.

If you have not been granted test accommodations by the Board before, or if you are requesting new or different accommodations, please refer to the [General Instructions for Requesting Test Accommodations](#) and complete Forms 1-7 instead. Do not fill out this Form 8. Once completed, email this form to barexamapplicants@arcourts.gov. Requests for repeat accommodations that are incomplete or not timely filed will be rejected.

Full Name: _____

Date of Birth: _____

Email Address: _____

Upcoming Bar Exam Testing Date: ☐ February ☐ July _____ (Year)

Previous Accommodations Granted

Date of Previous Bar Exam	Specific Accommodation(s) Granted

Applicant Acknowledgement

- I am requesting the same test accommodations previously granted by the Arkansas Board of Law Examiners for the exam date listed above. There have been no material changes in my condition, and the information provided in support of my prior request accurately reflects my current functional limitations.
- I understand that if I wish to request accommodations beyond those previously granted, or if my prior accommodations have expired, I must submit a new Request for Test Accommodations along with the required documentation.
- I acknowledge that, depending on the date of the most recent evaluation or testing performed by my qualified professional, I may be asked to provide updated testing or evaluations to continue receiving accommodations.
- By signing below, I affirm that all information provided on this form is true and correct to the best of my knowledge. I understand that this information may be reviewed by one or more qualified professionals retained by the Board.

Applicant Signature

Date Signed