

**PETITION FOR TEST ACCOMMODATIONS
AUTHORIZATION AND RELEASE**

I, _____, in connection with my petition for test accommodations on the bar examination, authorize the Connecticut Bar Examining Committee (Committee) to provide, at its discretion, a copy of any and all documentation that I submit in connection with this petition, including any confidential medical records or information, to such persons and/or consultants as the Committee may deem necessary to adequately evaluate my petition for test accommodations.

I authorize the Committee to contact those entities which have provided me test accommodations or with whom I have a current petition for test accommodations pending for the purposes of ascertaining what accommodations have been or will be granted or denied. I further authorize such entities to communicate with the Committee in this regard to provide such clarification and/or further information and documentation as the Committee requires.

I hereby release, discharge, and exonerate the Committee, its agents, and representatives and/or any person from any and all liabilities of every nature and kind arising out of the furnishing, inspection or receipt of medical records, documents, records and other information, or any investigation made by or on behalf of the Committee.

State of _____ }
County of _____ }

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)
(Commissioner of Superior Court)