REQUEST FOR ADA ACCOMMODATION

Themis Bar Review, LLC (“Themis”) complies with the Americans with Disabilities Act of 1990 (“ADA”), including the provision of appropriate auxiliary aids and services to students with disabilities to ensure effective communication.

Requests for extended time can be sent directly to info@themisbar.com. Any other requests for accommodation under the ADA must be in writing. To make a request, please complete this form and submit it:

- Via email to ada@themisbar.com, Subject: ADA Accommodation.
- Via mail to: Themis Bar Review, Attn: ADA Accommodation, 320 W. Ohio Street, Suite 4W, Chicago, IL 60654.
- Via fax to: 312-873-4000, Attn: ADA Accommodation.

With this form, please also provide one of the following:

1. A letter from the appropriate official at your law school or vocational rehabilitation agency documenting any auxiliary aid or service provided to you during law school, or
2. A doctor’s note or other medical documentation of your disability.

Upon receipt, Themis will contact you to confirm your accommodation or to gather additional information and/or documentation, if necessary. To ensure that Themis has ample time to review and accommodate your request, please return the completed form and supporting documentation at least 60 days prior to the course start date.

**Please write clearly and complete all blank fields. Incomplete or inadequate information and/or illegible handwriting may delay the eligibility review process.**

Name: ________________________________________________________________

Address: ________________________________________________________________

City: ___________________________ State: _________ Zip Code: ________________

Email: ___________________________ Phone: ___________________________

Exam State: ___________________________ Exam Date: ___________________________

Nature of Disability: _______________________________________________________

Accommodation Requested: ________________________________________________

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Signature __________________________________ Date of Request ______________________