

**MISSOURI BOARD OF LAW EXAMINERS  
FORM 8 – REQUEST FOR REPEAT TEST ACCOMMODATIONS**

**NOTICE TO APPLICANT**

Complete this form only if (1) you have been granted accommodations by the Missouri Board of Law Examiners (MBLE) for a prior bar examination; (2) there has been no material change in your condition since the previous accommodations were granted; and (3) you are requesting the exact same accommodations you were previously granted by MBLE. If you have not been granted previous test accommodations by MBLE or you are requesting new or different testing accommodations, follow the instructions contained in the [General Instructions for Requesting Test Accommodations](#) and complete the appropriate Forms 1-7 (do not fill out this Form 8).

If you have been granted accommodations for a prior Missouri bar examination but the nature of your disability is changeable, in addition to completing Form 8, you may also be required to provide medical documentation regarding your current functional limitations and ongoing need for accommodations. MBLE may require additional documentation for any request for repeat accommodations for the purpose of assessing an applicant’s current level of impairment and need for accommodations.

Once completed, upload this form to your MBLE user homepage with your electronic bar exam application submission. Requests for repeat accommodations which are not complete or not timely filed shall be rejected. Extensions will not be granted and late requests will not be considered.

**Full name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Exam date MBLE previously granted testing accommodations (month/year):** \_\_\_\_\_

**Exam date of current bar exam application (month/year):** \_\_\_\_\_

**Complete the below affirmation by initialing:**

_____	Initial	I am requesting the exact same test accommodations previously granted by MBLE for the exam date listed above.
_____	Initial	There are no material changes in my condition and the information provided in support of my previous request for testing accommodations accurately represents my current functional limitations.
_____	Initial	I understand and agree that any documentation related to my request for repeat test accommodations may be submitted for evaluation to one or more qualified professionals retained by MBLE, and I authorize such disclosure.
_____	Initial	I understand and agree my Request for Repeat Test Accommodations must be submitted with my electronic bar exam application to be considered for the current bar exam. Requests for repeat accommodations which are not complete or not timely filed will be rejected. Extensions will not be granted and late requests will not be considered.

**By my signature, I affirm the information provided herein is true and accurate:**

\_\_\_\_\_  
Applicant signature Date Signed

\_\_\_\_\_  
Signature of individual on behalf of applicant (if applicant unable to sign) Date Signed

***If you are requesting the exact same accommodations granted by MBLE for the prior exam date listed above, this is the only request form required.***