

**VILLANOVA UNIVERSITY SCHOOL OF LAW  
REQUEST FOR REASONABLE ACADEMIC ACCOMMODATIONS**

Requests for examination accommodations should be submitted by September 15 for the Fall term and March 12 for the Spring term. First year students should apply for accommodations at least two weeks before the Legal Research exam in October. Requests for all other accommodations should be submitted as soon as possible.

For (circle one) Fall Spring Year\_\_\_\_\_

Name\_\_\_\_\_

Year (Circle one) 1L 2L 3L JD/PhD: 1 2 3 4 5 6

Current  
Address\_\_\_\_\_

Phone number\_\_\_\_\_

Please describe your disability and how it affects you academically (please indicate if you have a temporary or permanent disability. If your condition/disability is not permanent, when is it likely to abate?)

Did you receive accommodations on the LSAT? If yes, what accommodation(s) did you receive?

Please describe specifically the accommodations that you are requesting (a report reflecting current documentation of your disability by a treating professional and making recommendations based on that report must be submitted to the Office of Academic Success before this request can be acted upon. The report must be transmitted with an ink-signed original cover letter.)

**Please list all courses for which you are requesting accommodation**

**Would you be interested in scheduling 1 on 1 coaching sessions (time management)?**

**yes    no**

**By signing this form:**

**I acknowledge receipt of a copy of the Student Procedures and Guidelines for Accommodations.**

**I understand that my request must be submitted by the deadline or a reasonable time thereafter and last minute requests will not be provided.**

**I understand that I need to thoroughly complete and sign a new form each semester in order to receive the necessary accommodations.**

**I acknowledge responsibility to notify the Office of Academic Support of any changes regarding my disability or accommodations.**

**I understand that I am not to discuss any exam accommodations with my faculty or other law students.**

**I understand that receiving accommodations in law school is not a guarantee that I will receive accommodations on a Bar examination and that I should check with the state(s) in which I intend to take a Bar Examination to determine whether accommodations are made for my disability or language barrier.**

**I understand that if I am receiving second language accommodations, time accommodations may decline as I become acclimated to the English language and the law school examination process. Also, I understand that no accommodations are available for take-home examinations, papers or oral presentations.**

**I understand that the Accommodations Committee may require additional information from my health care professionals to process my request and, if necessary, I authorize the Assistant Dean of Academic Success Programs or the Associate Dean of Academic Affairs, or her designee, to request further documentation relating to my condition from my health care professionals. (Please see attached release of information form).**

**By signing this form you are attesting to the completeness and accuracy of the information provided.**

**Student Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**☐ Return this form to Larasz Moody, Assistant Dean of Academic Success Programs, Room 177, or place in her mailbox in the Student Service Suite (students will receive email acknowledgment of receipt of forms placed in the mailbox).**

**☐ The Accommodations Committee will make a determination of what accommodation to offer and will contact the student about the accommodations that have been granted. If a student is dissatisfied with the accommodation, concerns may be addressed to the Associate Dean of Academic Affairs. If the concerns are not addressed at that level, an appeal may be made to the Dean of the law school.**

**☐ For detailed information about the law school's Accommodations Policy, please see pages 10-11 of the Villanova University School of Law Student Handbook, or the Academic Success Programs Webpage.**

**Contact LaRasz Moody at moody@law.villanova.edu or 610-519-7136, if you have questions.**

**VILLANOVA UNIVERSITY SCHOOL OF LAW  
ASSOCIATE DEAN OF ACADEMIC AFFAIRS**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize my physicians, psychiatrists/psychologists, other health care professionals, hospitals, clinics and agencies to release copies of my medical and service records having to do with my condition to LaRasz Moody, Esq, and the Associate Dean of Academic Affairs, or her designee, at Villanova University School of Law, 299 North Spring Mill Road, Villanova, PA 19085.

I authorize those parties to respond to questions concerning these records or my condition or treatment asked by Ms. Moody, the Associate Dean of Academic Affairs, or her designee. I understand that such questions are asked for the purpose of evaluating my condition to provide law school officials with sufficient information to determine what accommodations, if any, may be reasonable and appropriate under the circumstances.

I also authorize Ms. Moody, the Associate Dean of Academic Affairs, or her designee to make a report of and discuss the findings with appropriate law school officials who are involved in determining what accommodations, if any, to my condition may be reasonable under the circumstances.

This authorization shall be valid until the evaluation process and determination are fully and finally completed or until I revoke this authorization in writing. I understand that if I am unwilling to provide this release of information, it may not be possible to evaluate my condition accurately or to determine any reasonable accommodations to my condition.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Student