

Illinois Board of Admissions to the Bar
625 South College Street
Springfield, IL 62704
Telephone: 217-522-5917
Fax: 217-522-3728; 9327

FORM E: AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I, _____, (print name) understand and hereby authorize the Illinois Board of Admissions to the Bar (the Board), to provide at the Board's discretion, a copy of any and all documents which I submit in connection with my Application for Nonstandard Test Accommodations to such persons and/or consultants as the Board may deem necessary to adequately evaluate my request for testing accommodations.

If further information regarding the documentation that I have provided is needed, I authorize the Board to contact the professional(s) who diagnosed and/or treated my disability. I further authorize such professionals to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

I hereby release, discharge, and exonerate the Board and/or its designee(s) and/or any persons to whom or by whom information may be provided pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

This authorization will expire on the last date of the bar examination for which I am currently applying, including any extension of the bar examination period due to accommodations, and may be withdrawn at any time by written notice to the Board.

Applicant signature

Date