



## STUDENT APPLICATION FOR ADA/504 ACCOMMODATIONS

I submit this application for accommodations under ADA/504 to the Office of Student Affairs at **Texas Southern University Thurgood Marshall School of Law**.

Please read and initial each of the following statements.

1. \_\_\_\_ I will read the directions on the general application, fill in the requested information, and answer the questions to the best of my ability.
2. \_\_\_\_ I will submit a copy of the applicable directions for documentation to the appropriate licensed professional who makes my assessment and recommendation. (**Directions I** for Learning Disability, **Directions II** for Visual Disability, **Directions III** for Hearing Disability, **Directions IV** for Any Other Medical, Physical, or Mental Illness (Not Learning Disabilities, Attention Deficit Disorder, or Visual or Hearing Impairment), **Directions V** for Attention Deficit Disorders (ADD/ADHD).
3. \_\_\_\_ I will submit my original application and proper documentation to Office of Student Affairs for evaluation.
4. \_\_\_\_ I will submit all applications and documentation in a timely manner to allow the law school sufficient time for evaluation and determination of accommodations.
5. \_\_\_\_ I understand that I will not receive accommodations until all of the above steps have been completed.

---

**Instructions to Petitioner. File two original copies with Mrs. Johnson in the Dean's Office. She will file stamp and initial the date she receives them, keep one original for the Dean's Office, and return one to you. Please keep your copy for your records.**

---

### OFFICE USE ONLY

Date filed \_\_\_\_\_

Law School Administrator \_\_\_\_\_

Date \_\_\_\_\_



# TEXAS SOUTHERN UNIVERSITY

## THURGOOD MARSHALL SCHOOL OF LAW

---

### CONFIDENTIAL

#### **APPLICATION FOR ACCOMMODATIONS AND/OR SERVICES** **FOR STUDENTS WITH DISABILITIES**

The University maintains a policy for students with disabilities in accordance with the American with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. Under these federal guidelines the University is obligated to:

1. Protect the civil rights of students with disabilities.
2. Protect the confidentiality and privacy of students with disabilities.
3. Provide reasonable accommodations and services to students with known disabilities, who are qualified to meet the requirements of the academic program, apart from the handicapping condition.

Under these federal guidelines the University is not obligated to:

1. Identify students with disabilities; the burden of proof is on the student to demonstrate the need for the requested accommodations.
2. Provide testing services the cost associated with demonstrating a need for requested accommodations is borne by the student.
3. Provide retroactive consideration for an exam retake, change in grade, readmission, or other such actions.
4. Provide accommodations that are not reasonable, place undue financial requirements of the program.
5. Provide accommodations or services to a person merely because they have been properly diagnosed as disabled or handicapped.

**The student must show a substantial limitation, compared to the average person in the general population. If an educational accommodation or service is requested, the student must show that the substantial limitation pertains to education.**

In order to comply with these regulations, the University has implemented the following:

1. All requests for accommodations and services will be reviewed on a case-by-case basis. The University may seek independent recommendations by a licensed educational diagnostician, or appropriate health care provider.
2. The University may request additional or updated documentation.
3. The University will notify students, in writing, as to the status of their requests for accommodations and services, within 30 school days of receipt of this completed application.
4. All requests for accommodations and services must be submitted, in full no later than the fourth week of the current semester, or as soon as the disability is known.
5. The University will provide, at no cost to the student, counseling services to help the student understand the University policies relating to the federal guidelines for students with disabilities.

Students must provide complete, candid, and realistic information concerning the nature of the disability, special needs, and may support services required. This information will be retained in a confidential manner by this department.

**STUDENT NAME:** \_\_\_\_\_

**DATE(MM/DD/YYYY):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_

**LOCAL PHONE #:** \_\_\_\_\_

**PERMANENT PHONE #:** \_\_\_\_\_

**LOCAL ADDRESS:**

---

Number and Street (Apt.) (City) (State) (Zip)

**PERMANENT ADDRESS:** (if different from above)

---

Number and Street (Apt.) (City) (State) (Zip)

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**CLASSIFICATION:**

1L \_\_\_\_\_ 2L \_\_\_\_\_ 3L \_\_\_\_\_ LLM \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

---

Please return this completed form with the following attachments.

Your application will be considered once you have returned the above forms.

1. An official notice of testing accommodations granted for the LSAT if you received accommodations.
2. A current report of your disability by a licensed professional. (See accompanying verification form)
3. An official notice of accommodations you received at your undergraduate university.

---

What is the nature of your disability? \_\_\_\_\_

Have you received accommodations or services in the past? If so, describe briefly.

\_\_\_\_\_

If not, explain briefly why you did not receive them in the past, and why accommodations are needed now.

\_\_\_\_\_

What assistance or accommodations do you believe you require?

\_\_\_\_\_

\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS APPLICATION. BY SIGNING THIS FORM, I HEREBY GRANT THE LAW SCHOOL PERMISSION TO NOTIFY PROFESSORS AND/OR ACADEMIC ADVISORS OF ANY ACCOMMODATIONS OR SERVICES GRANTED BY THIS DEPARTMENT.**

Student's Printed Name: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_

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

# ACCOMMODATIONS REQUEST FORM

(Other Than Exams to be Completed by Student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability \_\_\_\_\_ Documentation \_\_\_\_\_

**Accommodations Requested (Be as specific as possible)**

---

---

---

---

---

---

---

**Student's Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Dean of Student Affairs' Signature:** \_\_\_\_\_

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

**Appointment To See Dean of Student Affairs** \_\_\_\_\_

**Application is not deemed completed unless student obtains Dean of Student Affairs' signature upon submission.**

---

Office Use Only

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**cc: Accommodations Master File**  
**Student File**

# EXAMS ACCOMMODATIONS REQUEST FORM

(To be completed by student)

To be submitted in September for Fall Semester, January for Spring Semester, and first week of classes for Summer Semester.

Name \_\_\_\_\_

Date \_\_\_\_\_

T # \_\_\_\_\_

Phone \_\_\_\_\_

Disability \_\_\_\_\_

Documentation \_\_\_\_\_

**Accommodation(s) Requested – i.e., extra time, space, etc. (Be as specific as possible)**

---

---

---

---

---

---

---

---

**List all professors for the current semester:**

Course

Instructors

Days and Times of Classes

---

---

---

---

---

---

---

---

-----  
**For administrative use only:**

**Accommodations**

---

---

---



**TEXAS SOUTHERN UNIVERSITY  
THURGOOD MARSHALL SCHOOL OF LAW  
3100 CLEBURNE  
HOUSTON, TEXAS 77004**

**OFFICE OF STUDENT AFFAIRS**

**Telephone: 713 313 7909**

**FAX 713 313 1049**

**Email: [studentaffairs@tmslaw.tsu.edu](mailto:studentaffairs@tmslaw.tsu.edu)**

## RELEASE OF INFORMATION

In order to obtain information needed and/or information requested, I authorize the Office of Student Affairs to obtain/release information pertinent to me from/to the following:

\_\_\_\_\_ Consultant

\_\_\_\_\_ Faculty or other Texas Southern University Personnel

(Specify) \_\_\_\_\_

\_\_\_\_\_ Other agencies/organizations

(Specify) \_\_\_\_\_

\_\_\_\_\_ Individual(s)

(Specify) \_\_\_\_\_

I recognize that confidentiality of information is maintained and that only that which is absolutely necessary and appropriate will be shared with others.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
Permission Revoked:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## DIRECTIONS I

### DIRECTIONS FOR DOCUMENTATION OF A LEARNING DISABILITY

---

#### *FROM YOUR UNDERGRADUATE SCHOOL*

If your Disability was diagnosed while you were in undergraduate school, call or write your Accommodations Department and request:

1. A copy of accommodations you received while enrolled there.

#### *FROM OUTSIDE TESTING AGENCIES*

An official notice of testing accommodations granted for the LSAT test if you received accommodations.

#### *IF RECORDS ARE NOT FROM YOUR UNDERGRADUATE SCHOOL OR YOU WERE NOT PREVIOUSLY DIAGNOSED WITH A LEARNING DISABILITY:*

You must submit a comprehensive, individualized, Psycho-Educational Evaluation.

Share this page with the person who conducts the evaluation.

What is it? A 4-6 hour battery of tests and information about you.

Who conducts it? A professional trained in evaluating Adolescent or Adult Learning Disabilities, such as a school Psychologist or Educational Diagnostician.

What tests are given? An **IQ** test such as the Wechsler Adult Intelligence Tests **Standardized, individualized, achievement tests** in Reading Comprehension, Reading Decoding, Written Expression for Content and Mechanics, Math Reasoning and Computation, Listening, and Speaking. Screening Devices such as the Wide Range Achievement Test are unacceptable.

Where can I go? Many private psychologists and learning clinics offer these services. The office of disabled students can also give you referrals.

What must be in the report in order to obtain accommodations?

- l. Background information: developmental history, medical history, primary language dominance, past and current academic functioning, previous evaluations, and a history of services for disabilities. This information can be gathered from previous evaluations, self-reports, report cards, and transcripts.
- dd: All standardized test scores and subtest scores, including percentiles.
- ee: Interpretation of tests results.
- ff: A specific diagnosis of Learning Disabilities based on a significant discrepancy (of more than 15 points) between the IQ score and one of the Achievement test scores. The diagnosis must rule out alternative explanations, such as language differences for students who speak English as a Second Language. A discussion of co-existing diagnoses and the way alternative explanations were ruled out.
- gg: A clear and specific statement of how the Learning Disability substantially impairs work and learning, documented by the information in the evaluation.
- hh: Suggested accommodations, with a specific rationale for each. Educational documentation must be cited for educational accommodations. Thus, a math disability will not provide a need for additional time to write an essay.

# ***RECOMMENDED      NONSTANDARD      CLASSROOM AND/OR TESTING ACCOMMODATIONS***

Check all accommodations you believe are necessary for this student.

- ☐ specified seating (front, back, middle, end in a classroom)
- ☐ restroom breaks if necessary (classes are about 50 minutes in length)
- ☐ other (specify \_\_\_\_\_)
- ☐ Braille version of exam of books
- ☐ enlarged print of exam (12 pt. Font is used)
- ☐ use of magnifying glass
- ☐ other special devices (specify \_\_\_\_\_)
- ☐ reader
- ☐ special assistance in gridding scantron
- ☐ additional testing time
- ☐ sign language interpreter
- ☐ audio cassette version of exam
- ☐ separate testing area (section of classrooms, separate room if available)
- ☐ breaks (specify \_\_\_\_\_)
- ☐ Food or drinks during exam
- ☐ medication during exam
- ☐ water during exam
- ☐ other: \_\_\_\_\_

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

**I certify that the information provided by me on this form is true and correct to be the best of my knowledge.**

**I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.**

\_\_\_\_\_  
Signature of Licensed Physician/Licensed Professional

\_\_\_\_\_  
Date



## **DIRECTIONS II**

### **DIRECTIONS FOR DOCUMENTATION OF A VISUAL DISABILITY**

---

#### **MANDATORY: FROM YOUR HEALTH CARE PROVIDER, MEDICAL DOCTOR, OPTHOMOLOGIST OR OPTOMETRIST: (Show this form to the evaluator)**

1. A “State of Texas Interagency EYE EXAMINATION REPORT” dated within the past 12 months.
2. A “Functional Vision” evaluation dated within the past 12 months. This evaluation should specifically address functional implications with and without correction.

#### **TO THE HEALTH CARE PROVIDER;**

According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

#### **FROM YOUR UNDERGRADUATE SCHOOL:**

**MANDATORY:** If your Visual Impairment occurred while you were in undergraduate school, call or write your Accommodations Department and request:

- ii: A “Learning Media Assessment” with recommended assistive technology.
- jj: A copy of accommodations you received while attending your undergraduate school.

#### **FROM AN OUTSIDE SETTING, SUCH AS TEXAS COMMISSION FOR THE BLIND:**

Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Commission for the Blind may have conducted these assessments.

#### **FROM OUTSIDE TESTING AGENCIES:**

An official notice of testing accommodations granted for the LSAT if you received accommodations.

# ***RECOMMENDED      NONSTANDARD      CLASSROOM AND/OR TESTING ACCOMMODATIONS***

Check all accommodations you believe are necessary for this student.

- ☐ specified seating (front, back, middle, end in a classroom)
- ☐ restroom breaks if necessary (classes are about 50 minutes in length)
- ☐ other (specify \_\_\_\_\_)
- ☐ Braille version of exam or books
- ☐ enlarged print of exam (12 pt. Font is used)
- ☐ use of magnifying glass
- ☐ other special devices (specify \_\_\_\_\_)
- ☐ reader
- ☐ special assistance in gridding scantron
- ☐ additional testing time
- ☐ sign language interpreter
- ☐ audio cassette version of exam
- ☐ separate testing area (section of classrooms, separate room if available)
- ☐ breaks (specify \_\_\_\_\_)
- ☐ Food or drinks during exam
- ☐ medication during exam
- ☐ water during exam
- ☐ other: \_\_\_\_\_

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

**I certify that the information provided by me on this form is true and correct to be the best of my knowledge.**

**I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.**

\_\_\_\_\_  
Signature of Licensed Physician/Licensed Professional

\_\_\_\_\_  
Date

## **DIRECTIONS III**

### **DIRECTIONS FOR DOCUMENTATION OF A HEARING DISABILITY**

---

#### **MANDATORY: FROM YOUR HEALTH CARE PROVIDER, MEDICAL DOCTOR, OPTHOMOLOGIST OR AUDIOLOGIST: (Show this form to the evaluator)**

1. Please submit an audio logical and ontological evaluation dated within the past 12 months.
2. Include aided thresholds; specifically addressing functional implications with and without amplification.

#### **TO THE HEALTH CARE PROVIDER;**

According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

#### **FROM YOUR UNDERGRADUATE SCHOOL:**

**MANDATORY:** If your Hearing Impairment occurred while you were in undergraduate school, call or write your Accommodations Department and request:

- kk: Special Education Comprehensive Testing, including educational, intellectual and achievement test results for undergraduate school.
- ll: Speech and Language Assessments from undergraduate school.
- mm: A copy of your last Admission, Review and Dismissal (ARD) meeting that describes classroom modifications implemented in your last educational setting.

#### **FROM AN OUTSIDE AGENCY:**

Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Rehabilitation Commission, or another agency may have conducted these assessments.

#### **FROM OUTSIDE TESTING AGENCIES:**

An official notice of testing accommodations granted for the LSAT if you received accommodations.

# **RECOMMENDED      NONSTANDARD      CLASSROOM AND/OR TESTING ACCOMMODATIONS**

Check all accommodations you believe are necessary for this student.

- ☐ specified seating (front, back, middle, end in a classroom)
- ☐ restroom breaks if necessary (classes are about 50 minutes in length)
- ☐ other (specify \_\_\_\_\_)
- ☐ Braille version of exam or books
- ☐ enlarged print of exam (12 pt. Font is used)
- ☐ use of magnifying glass
- ☐ other special devices (specify \_\_\_\_\_)
- ☐ reader
- ☐ special assistance in gridding scantron
- ☐ additional testing time
- ☐ sign language interpreter
- ☐ audio cassette version of exam
- ☐ separate testing area (section of classrooms, separate room if available)
- ☐ breaks (specify \_\_\_\_\_)
- ☐ Food or drinks during exam
- ☐ medication during exam
- ☐ water during exam
- ☐ other: \_\_\_\_\_

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

**I certify that the information provided by me on this form is true and correct to be the best of my knowledge.**

**I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.**

\_\_\_\_\_  
Signature of Licensed Physician/Licensed Professional

\_\_\_\_\_  
Date

## **DIRECTIONS IV**

### **DIRECTIONS FOR DOCUMENTATION OF ANY OTHER MEDICAL, PHYSICAL, OR MENTAL ILLNESS (NOT: LEARNING DISABILITIES, ATTENTION DEFICIT DISORDER, OR VISUAL OR HEARING IMPAIRMENT)**

---

#### **MANDATORY: EVALUATION FROM YOUR HEALTH CARE PROVIDER**

1. An updated medical report from the Health Care Provider documenting, in detail, the current disability or condition.
2. If applicable, the Physician should describe medication prescribed for this disability, and how this medication affects the student, including significant side effects.
3. According to legal standards, the written report for the documentation must be very thorough in order to secure accommodations under federal guidelines for accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested. Thus, a diagnosis of a physical disease such as Epilepsy or a mental illness such as Bi-Polar disorder may not automatically warrant accommodation such as extra time on tests.
4. If the disability has been identified for the first time, and the student has not previously received accommodations, further testing may be required, including educational testing to document a need for educational accommodations.

#### **FROM YOUR UNDERGRADUATE SCHOOL:**

**MANDATORY:** If your Disability occurred while you were in undergraduate school, call or write your Accommodations Department and request:

1. A copy of accommodations you received while enrolled there.

#### **FROM AN OUTSIDE AGENCY:**

Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Rehabilitation may have conducted these assessments.

#### **FROM OUTSIDE TESTING AGENCIES:**

An official notice of testing accommodations granted for the LSAT if you received accommodations.

# **RECOMMENDED      NONSTANDARD      CLASSROOM AND/OR TESTING ACCOMMODATIONS**

Check all accommodations you believe are necessary for this student.

- ☐ specified seating (front, back, middle, end in a classroom)
- ☐ restroom breaks if necessary (classes are about 50 minutes in length)
- ☐ other (specify \_\_\_\_\_)
- ☐ Braille version of exam of books
- ☐ enlarged print of exam (12 pt. Font is used)
- ☐ use of magnifying glass
- ☐ other special devices (specify \_\_\_\_\_)
- ☐ reader
- ☐ special assistance in gridding scantron
- ☐ additional testing time
- ☐ sign language interpreter
- ☐ audio cassette version of exam
- ☐ separate testing area (section of classrooms, separate room if available)
- ☐ breaks (specify \_\_\_\_\_)
- ☐ Food or drinks during exam
- ☐ medication during exam
- ☐ water during exam
- ☐ other: \_\_\_\_\_

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

**I certify that the information provided by me on this form is true and correct to be the best of my knowledge.**

**I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.**

\_\_\_\_\_  
Signature of Licensed Physician/Licensed Professional

\_\_\_\_\_  
Date

## DIRECTIONS V

### DIRECTIONS FOR DOCUMENTATION OF ATTENTION DEFICIT DISORDERS (ADD/ADHD)

---

#### FROM YOUR UNDERGRADUATE SCHOOL

If your Disability was diagnosed while you were in high school, call or write your district's Special Education Department and request:

1. Special Education Comprehensive or Psycho-Educational Testing, including educational, intellectual and achievement test results for undergraduate school.
2. A copy of your last Admission, Review and Dismissal (ARD) meeting that describes classroom modifications implemented in your last educational setting.

#### FROM OUTSIDE TESTING AGENCIES:

An official notice of testing accommodations granted for the LSAT if you received accommodations.

#### IF RECORDS ARE NOT FROM AN UNDERGRADUATE SCHOOL OR YOU WERE NOT PREVIOUSLY DIAGNOSED WITH ADD/ADHD:

You must submit a comprehensive, individualized, Psycho-Educational Evaluation.

What is it?

A 4-6 hour battery of tests and information about you

Who conducts it? A Professional trained in evaluating Adolescent or Adult ADD/ADHD

and Learning Disabilities, such as a school Psychologist. Medical Psychiatrists are qualified to diagnose ADD/ADHD, but some do not conduct the educational component of the evaluation. Some clinics offer joint evaluations with two specialists, one for the medical component, and one for the educational component. The counseling office can also give you referrals. **Show this page to the person(s) conducting the evaluation.**

What tests are given?

1. An **IQ** test such as the Wechsler Adult Intelligence Test
2. **Standardized, individualized, achievement tests** in Reading Comprehension, Reading Decoding, Written Expression for Content and Mechanics, Math Reasoning and Computation, Listening, and Speaking, Screening Devices such as Wide Range Achievement Test are unacceptable.

#### 3. Formal and/or informal tests to diagnose ADD/ADHD

- nn: Background information: developmental history, medical history, primary language dominance, past and current academic functioning, previous evaluations, and a history of services for disabilities. This information can be gathered from previous evaluations, self-reports, report cards, and transcripts.
- oo: All standardized test scores and subtest scores, including percentiles.
- pp: Interpretation of test results.
- qq: A specific diagnosis of ADD/ADHD, as described in the DSM IV Manual; a discussion of co-existing diagnoses and the way alternative explanations were ruled out.
- rr: A clear and specific statement of how the ADD/ADHD substantially impairs work and learning, documented by the information in the evaluation.
- ss: Suggested accommodations, with a specific rationale for each. Properly substantiated, the University will not question a professional's diagnosis of a student's disability of ADD or ADHD. Nevertheless, the accommodations will not be provided without additional, specific documentation. For instance, the presence of distractibility will not automatically warrant accommodations such as extra time on examinations, without supporting data from the educational tests.

# **RECOMMENDED      NONSTANDARD      CLASSROOM AND/OR TESTING ACCOMMODATIONS**

Check all accommodations you believe are necessary for this student.

- ☐ specified seating (front, back, middle, end in a classroom)
- ☐ restroom breaks if necessary (classes are about 50 minutes in length)
- ☐ other (specify \_\_\_\_\_)
- ☐ Braille version of exam or books
- ☐ enlarged print of exam (12 pt. Font is used)
- ☐ use of magnifying glass
- ☐ other special devices (specify \_\_\_\_\_)
- ☐ reader
- ☐ special assistance in gridding scantron
- ☐ additional testing time
- ☐ sign language interpreter
- ☐ audio cassette version of exam
- ☐ separate testing area (section of classrooms, separate room if available)
- ☐ breaks (specify \_\_\_\_\_)
- ☐ Food or drinks during exam
- ☐ medication during exam
- ☐ water during exam
- ☐ other: \_\_\_\_\_

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

**I certify that the information provided by me on this form is true and correct to be the best of my knowledge.**

**I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.**

\_\_\_\_\_  
**Signature of Licensed Physician/Licensed Professional**

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