

H A R V A R D L A W R E V I E W
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**ACCOMMODATION REQUEST REGISTRATION FORM**

**INSTRUCTIONS**

Please complete the registration form and submit it as an email attachment to Lakshmi Clark-McClendon, Director of Student Affairs in the Dean of Students Office, at [lclark@law.harvard.edu](mailto:lclark@law.harvard.edu). Students are strongly encouraged to submit their requests no later than April 13. If you have questions about the request process, please reach out to Ms. Clark-McClendon at [lclark@law.harvard.edu](mailto:lclark@law.harvard.edu) or 617-496-2437, or to Jennifer Heath, Program Administrator at the *Law Review*, at [lawrev@law.harvard.edu](mailto:lawrev@law.harvard.edu) of 617-495-7889. Students are encouraged to consult the Dean of Students office in completing their requests.

**STUDENT INFORMATION**

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

Email: \_\_\_\_\_ HUID: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please specify whether you are a 1L at HLS, a 1L prospective transfer student, or an SJD:

**DOCUMENTATION**

Documentation in support of a request for accommodation must be provided by a qualified professional who is licensed or otherwise properly credentialed and who possesses expertise relating to the disability for which the accommodation is sought. Documentation must be from a professional who has provided treatment or otherwise directly evaluated the student, and who has no personal relationship to the student (e.g., not a family member). For a more detailed description, please contact Ms. Clark-McClendon or Ms. Heath. All documentation may be reviewed by an outside consultant. No *Harvard Law Review* editor will know the requester’s identity. Please note that information about a student’s disability is only released to a third party with written consent from the student unless required to be disclosed by law. Following receipt of this registration form, you will be provided with a release form.

**DIAGNOSTIC INFORMATION**

Please indicate the nature of your disability (check all that apply).

- Blind or Visually Impaired
- Chronic Health Condition (please specify: \_\_\_\_\_)
- Learning Disability (please specify: \_\_\_\_\_)
- Mental Health Condition (please specify: \_\_\_\_\_)
- Mobility Impairment (please specify: \_\_\_\_\_)
- Temporary Disability (please specify: \_\_\_\_\_)
- Other (please specify: \_\_\_\_\_)

Please explain how your disability impairs your ability to participate in the Writing Competition:

**ACCOMMODATIONS HISTORY<sup>1</sup>**

Please specify what accommodations, if any, you receive at HLS or received at any previous institution(s) for the disability or disabilities described above:

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<sup>1</sup> Although the Harvard Law Review will consider a student’s accommodations history in evaluating a request for accommodation on the Writing Competition, because of the unique nature and purpose of the Writing Competition, and because the Harvard Law Review does not have access to the same resources available to HLS and other institutions, it cannot guarantee that it will provide the same accommodation(s) that a student has received at HLS or any previous institution(s).

Please specify what accommodations, if any, you have received on any standardized exam due to a disability. Please specify what accommodation(s) you were granted and for what examinations(s) (SAT, LSAT, etc.):

### **ACCOMMODATIONS INFORMATION**

Please describe the accommodation(s) you are requesting:

Please indicate how the requested accommodation(s) will address your functional limitations that may be interfering with your ability to participate in the Writing Competition: