



## Accommodation Request Registration Form

### INSTRUCTIONS

Please complete the registration form and return it in person or by email to Lakshmi Clark-McClendon, Senior Director of Student Affairs in the Dean of Students Office or to Jennifer Heath, Program Administrator at the *Law Review*. If you are submitting your request via email, we suggest secure file transfer (<https://hlsfiletransfer.law.harvard.edu>) for all confidential materials.

Students are strongly encouraged to submit their accommodation requests as soon as possible even if they are not yet certain they will take the competition. Accommodations requests should be submitted between March 1 until April 10 and will be processed on a rolling basis.

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 at [jheath@law.harvard.edu](mailto:jheath@law.harvard.edu) or 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. If possible, documentation should be from within the last 5 years 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). All documentation should be on letterhead, signed by a medical professional, and in English. 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.

- Learning Disability: Psychoeducational or neuropsychological evaluation
- Attention Deficit Disorders: Psychoeducational or neuropsychological evaluation
- Hearing Impairments: Audiogram and a Statement from Medical Provider form
- Visual Impairments: Acuity Report and a Statement from Medical Provider form
- Physical Impairment: Letter from a treating practitioner or Statement from Medical Provider form
- Psychiatric Disorder: Letter from a treating practitioner or Statement from Medical Provider Form

## DIAGNOSTIC INFORMATION

Please indicate the nature of your disability (check all that apply) and if applicable specify in the space provided.

- Attention Deficit Disorder \_\_\_\_\_
- Blind or Visually Impaired \_\_\_\_\_
- Chronic Health Conditions \_\_\_\_\_
- Learning Disability \_\_\_\_\_
- Deaf/Hard of Hearing \_\_\_\_\_
- Psychiatric Disorder \_\_\_\_\_
- Mobility Impairment \_\_\_\_\_
- Temporary Disability \_\_\_\_\_
- Other \_\_\_\_\_

ACCOMMODATIONS HISTORY\*

1) 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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2) 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) (e.g., SAT/ACT, LSAT, GRE, etc.):

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\* 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 it cannot guarantee that it will provide the same accommodation(s) that a student has received at HLS or any previous institution(s).

ACCOMMODATIONS INFORMATION

1.) Please explain how your disability affects your ability to participate in the Writing Competition.

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2.) Please describe the accommodation(s) you are requesting (check all that apply) and if applicable specify in the space provided.

- Assistive technology \_\_\_\_\_  
\_\_\_\_\_
- Alternate format texts and materials \_\_\_\_\_
- Assisted Listening Device/FM system \_\_\_\_\_
- CART (Communication Access Real-Time translation) \_\_\_\_\_
- Extended testing time \_\_\_\_\_
- Reader or Scribe \_\_\_\_\_
- Other \_\_\_\_\_

3.) 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.

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## AUTHORIZATION FOR RELEASE OF INFORMATION

### STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_

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

### INDIVIDUAL(S) AND/OR ORGANIZATION(S) INFORMATION

I give permission to the individual(s) and/or organization(s) named below to release health information, including mental health information (except psychotherapy notes), related to my disability or disabilities, and requested accommodation(s), described on my Accommodation Request Registration Form, to the Harvard Law Review for the purposes of evaluating my request for accommodation.

I also give permission to the Harvard Law Review to (1) directly contact the individual(s) and/or organization(s) named below for purposes of discussing these matters and (2) provide reports or other documentation containing my health information created by a third party consulting expert engaged by the Harvard Law Review to the individual(s) and/or organization(s) named below. I acknowledge and give permission for any of the health information covered by this authorization to be reviewed by a third-party consulting expert engaged by the Harvard Law Review. This authorization for release of information will expire one year from the date listed at the end of this form.

### HEALTH CARE PROVIDER INFORMATION

Health Care Provider/Institution Name:	
Contact Name:	
Address:	
Phone Number:	
Fax Number:	

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AUTHORIZATION FOR RELEASE OF INFORMATION

AGREEMENT

I agree that:

1. I have the right to request a copy of this form after I sign it as well as to inspect or copy any information to be used and/or disclosed under this authorization.
2. I may revoke this authorization at any time by notifying the Harvard Law Review by email at [lawrev@law.harvard.edu](mailto:lawrev@law.harvard.edu). However, such revocation will not affect any actions taken before the revocation was received or actions taken in reliance thereon.
3. I am not required to sign this form. If I refuse to sign this form, I understand that my health care and payment, enrollment or eligibility for health care benefits will not be affected.
4. The health information that will be released as a result of my signing this form could be re-disclosed by the recipient(s). If this occurs, I understand that my re-disclosed health information may no longer be protected by federal or state law.
5. I understand that my healthcare provider may also have his or her own form that I may need to complete to allow the release of health information to the Harvard Law Review.

STUDENT SIGNATURE

PLEASE SIGN AND DATE THIS FORM

Signature: \_\_\_\_\_

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

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



## Statement from Medical Provider

### STUDENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ HUID: \_\_\_\_\_

### FOR THE MEDICAL PROVIDER

This form is intended to be used for determining the purpose of appropriate accommodations for a student requesting disability or medically-related accommodations on the Harvard Law Review writing competition. Please complete the requested information in as much detail as possible. The information obtained will be used for the sole purpose of determining appropriate accommodations. If you have any questions, please feel free to contact either Jennifer Heath, Program Administrator at the Law Review at [jheath@law.harvard.edu](mailto:jheath@law.harvard.edu) or 617-495-7889, or Lakshmi Clark-McClendon, Senior Director of Student Affairs in the HLS Dean of Students Office at [lclark@law.harvard.edu](mailto:lclark@law.harvard.edu) or 617-496-2437.

### PROVIDER'S INFORMATION

Medical Professional's Name: \_\_\_\_\_  
Certification/Credentials: \_\_\_\_\_  
State Licensure and Number: \_\_\_\_\_  
Agency or Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Statement from Medical Provider

DIAGNOSTIC INFORMATION

Specific diagnosis(es) related to the accommodations request:

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Date of diagnosis or date of onset: \_\_\_\_\_

Most recent evaluation or visit: \_\_\_\_\_

How long is this condition likely to exist? \_\_\_\_\_

Please describe the student's functional limitations related to the diagnosis:

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If applicable to the requested accommodations, please list any current medications and potential side effects related to the functional limitations:

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Please list the recommended academic accommodation(s) and rationale for each accommodation:

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