Candidate Form
Please Print or Type—Must Be Legible

I. Background Information

Name: __________________________________________________________ Sex: □ M or □ F

LSAC Account Number: ____________________________________________ Date of Birth: ________________
(If not available, please provide Social Security/Social Insurance number.)

Address: _________________________________________________________________________________________

City, State, Zip/Postal Code: _______________________________________________________________________

Requested Test Date: ___________________ Requested Test Center: _______________________

Please check box, if applicable. □ I have previously requested accommodations on the LSAT.

Indicate test date for which accommodations were requested: ______________

II. Nature of Your Disorder/Condition (check all that apply and provide specific diagnosis)

☐ visual ______________________________________________________________________________

☐ physical ______________________________________________________________________________

☐ cognitive ______________________________________________________________________________

☐ psychological __________________________________________________________________________

☐ hearing ________________________________________________________________________________

☐ other _________________________________________________________________________________

On separate pages, describe how your disorder/condition impacts your ability to take the LSAT, and explain why you need each of the accommodations you requested.

III. Prior Testing Accommodations

A. Were you previously approved to receive testing accommodations on one or more of the following tests?

LSAT □ Yes □ No

SAT I □ Yes □ No

SAT II □ Yes □ No

ACT □ Yes □ No

GRE □ Yes □ No

GED □ Yes □ No

DAT □ Yes □ No

MCAT □ Yes □ No

GMAT □ Yes □ No

If you answered “no” with respect to all tests listed in subsection A, move forward to section IV.

If you answered “yes” with respect to any of the tests, proceed to question III.B.

B. Do you certify that you are currently experiencing the functional limitations caused by the disability(ies) for which testing accommodations were previously approved? □ Yes □ No

If you answered “no” to question III.B, move forward to section IV.

If you answered “yes” to question III.B, proceed to question III.C.
C. Do you have a letter or similar documentation from the test sponsor confirming that testing accommodations were approved and specifically identifying what those approved testing accommodations were? □ Yes □ No

If you answered “no” to question III.C, move forward to section IV.

If you answered “yes” to question III.C, proceed to question III.D.

D. Are you requesting one or more of the testing accommodations listed in the Policy on Prior Testing Accommodations, available here, and are these accommodations identical or equivalent to the accommodations that you were previously approved to receive on a test identified in section III.A? □ Yes □ No

Note: If you were previously approved to receive more than double time on a test listed in Section III.A, and are seeking double time or less on the LSAT, answer “Yes” to question III.D.

If you answered “no” to question III.D, move forward to section IV.

If you answered “yes” to question III.D, include verification from the prior test sponsor of your approval to receive the specific accommodations requested for the LSAT, and move forward to section V.

IV. Past Accommodations Granted for Your Disorder/Condition

A. Did you ever have formal accommodations in elementary school? □ Yes □ No

If yes, in what grades and what services were provided?

B. Did you ever have formal accommodations in high school? □ Yes □ No

If yes, in what grades and what services were provided?

B. Were you ever formally evaluated? □ Yes □ No

If yes, list the dates. ______________________________________

C. Did you ever have an Individualized Educational Plan (IEP)? □ Yes □ No

Did you ever have a 504 Plan? □ Yes □ No

If you have answered yes to any of the above questions, please provide copies of IEPs, past school reports, notices of retention, etc., if available.

D. Have you taken any past standardized tests such as the SAT, ACT, GRE, MCAT, or GMAT examinations? □ Yes □ No

If yes, provide a copy of all standard and accommodated test score reports and include verification from the testing agency if you received accommodations.

E. Did you request accommodations? □ Yes □ No

a. If no, please explain.

b. If yes, were you granted accommodations? □ Yes □ No

c. If yes, did you receive accommodations for all administrations? □ Yes □ No

F. Specify all standardized tests taken for both undergraduate and graduate school, whether under standard or accommodated conditions, and the accommodations granted.

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<tr>
<th>Test</th>
<th>Date Administered</th>
<th>Score</th>
<th>Percentile</th>
<th>Standard Conditions</th>
<th>Accommodations Granted</th>
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G. Did you receive additional test time for any exams while you were in college?  Yes  No
Did you receive any other accommodations while you were in college?  Yes  No
a. If yes, please list the type of test (for example, essay, multiple-choice, etc.) and the course type along with a letter from the Office of Disabilities on its official letterhead that details all of the accommodations you received.
________________________________________________________________________________________________

b. If no, please explain. _____________________________________________________________________

V. Accommodations Requested

1. Test Format: (Check one only. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request.)
   - Braille version of LSAT
   - Large-print (18 pt.) test book
   - Electronic format
   - Other (please explain) __________________________________________________________

2. Test Accommodations: The following are the most commonly requested test accommodations. If the accommodations needed are not listed, mark “other” and explain the accommodation.

   LSAC does not offer an untimed test. The amount of additional test and break time requested must be specified.
   A.  Additional time on multiple-choice sections
       _____ Extra minutes + standard 35 minutes = _____ total minutes
   B.  Additional time on Writing Sample
       _____ Extra minutes + standard 35 minutes = _____ total minutes
   C.  Use of computer and printer for the Writing Sample (provided by candidate)
       Candidates who are granted the use of a computer for the writing sample are responsible for producing a printed writing sample at the completion of the LSAT. Occasionally, the center has a computer available and/or printing capability. If not, the test taker is expected to bring a computer and/or printer.
   D.  Alternate non-Scantron answer sheet
   E.  Use of a reader (provided by LSAC)
       Please contact LSAC for a copy of our policy on readers for visually impaired test takers.
   F.  Use of an amanuensis (scribe provided by LSAC)
   G.  Additional rest time (standard break is 10–15 minutes between third and fourth sections)
       _____ Extra minutes for the standard break (The amount of additional break time must be specified.)
   H.  Breaks between sections
       _____ minutes between each section (The amount of additional break time must be specified.)
   I.  Sit/stand with a podium
   J.  Wheelchair accessibility (if table is requested, specify height)
   K.  Other
VI. Please note that this form is part of the law school admission process. Candidates are responsible for the completeness and accuracy of the information provided on this form and are subject to the misconduct and irregularity policies as described at LSAC.org.

I certify that all of the information on this form is true and correct.

Signature _______________________________ Date _______________________________

If you are unable to sign this form, please have someone sign and date it in your presence.

Signature _______________________________ Date _______________________________