



Candidate Form

Please enter your information on this Candidate Form. After you complete the Candidate Form, you may upload it— together with your supporting documentation—to your online account. If you are unable to upload your documents, you may email them to accom@lsac.org. Please send your documents in their original format. Adobe Acrobat must be used to complete forms. Forms saved as PDFs in Mac’s Preview mode are not accepted. As a security measure, compressed (.zip, .rar, etc.) or self-extracting (.exe) files cannot be accepted.

I. Background Information

Name: _____

LSAC Account Number: _____

Date of Birth: _____

Address: Street _____

City, State, Zip/Postal Code: _____

Test administration [month/year] for which accommodations are requested: _____

Have you previously requested accommodations on the LSAT? Yes No

Indicate test administrations [month(s)/year(s)] for which accommodations were previously requested:

II. Indicate your disability below (check all that may apply, and provide a specific diagnosis for each; if you have multiple diagnoses, please list accordingly):

Visual Specific diagnosis _____

Physical/Medical Specific diagnosis _____

Neurological Specific diagnosis _____

Psychological Specific diagnosis _____

Deaf/Hard of Hearing Specific diagnosis _____

ADHD Specific diagnosis _____

Learning Disability Specific diagnosis _____

Other Specific diagnosis _____

Candidate Name: _____

LSAC Account #: _____

III. Prior Testing Accommodations—Complete this section only if you are requesting accommodations under LSAC’s [Policy on Prior Testing Accommodations](#).

- A. Were you previously approved to receive testing accommodations on one or more eligible tests?
 Yes No

If No, then move to Section IV and do not complete the remainder of this section.

- B. Are you requesting one or more of the accommodations listed in Section III of the [Policy on Prior Testing Accommodations](#) and are these identical or equivalent to the accommodations you were previously approved to receive on an eligible test?
 Yes No

If No, then move to Section IV and do not complete the remainder of this section.

- C. [If you answered Yes to III.B] Do you certify that you are currently experiencing the functional limitation(s) caused by the disability(ies) for which you were previously approved for testing accommodations? Yes No

If No, then move to Section IV.

- D. [If you answered Yes to III.C] Submit proof from the test sponsor that details the specific testing accommodations for which you were approved.

IV. Accommodations Requested

Accommodation Categories: Below is a summary of which accommodations are included in each category. Please refer to [Documentation Requirements](#) for the necessary documentation to support each category request.

Category 1 Requests — Non-extended time requests that are not captured in Categories 2 or 3.

Category 2 Requests — 50% extended time for candidates who do not have severe visual impairments or 100% extended time for candidates with severe visual impairments and/or the following non-time requests: human reader, amanuensis (scribe).

Category 3 Requests — “Exceptional Needs” — More than 50% extended test time for candidates who do not have severe visual impairments or more than 100% extended test time for candidates with severe visual impairments and/or the following non-time requests: paper-and-pencil format, stop/start breaks over 60 minutes, testing over multiple days, modality exception requests.

NOTE: If the amount of time you request on the LSAT is greater than the amount of time you received in any prior academic setting or is greater than the amount of time supported by your Qualified Professional, your documentation may be deemed insufficient and could result in a partial or full denial of your request. Additionally, if you are submitting a Category 2 or 3 request that is not supported by your documentation, this could result in a partial or full denial of your request.

Candidate Name: _____

LSAC Account #: _____

Test Accommodations: The following is a non-exhaustive list of test accommodations that may be available for the LSAT multiple-choice sections and LSAT Argumentative Writing. If you are requesting an accommodation that is not listed, mark “Other” and explain the accommodation in detail. **You must specify the accommodations you are requesting on both the LSAT multiple-choice sections and LSAT Argumentative Writing below.**

The LSAT is not an untimed test. The standard timing of each section is 35 minutes. **The amount of additional test and/or break time requested must be specified.**

ACCOMMODATIONS REQUESTED FOR THE LSAT (multiple-choice sections):

- A. Additional test time on **multiple-choice sections**
 - 50% additional time (i.e., time-and-a-half, or 53 minutes per section)
 - 100% additional time (i.e., double time, or 70 minutes per section)
 - Other Please specify: _____
- B. Breaks between test sections
Specify the number of minutes of break time you are requesting after each section: _____
(the standard intermission after Section 2 is 10 minutes)
- C. Stop/start breaks (as needed, up to 60 minutes per test session)
- D. Use of a human reader (candidates approved for a human reader are permitted to provide their own human reader for the remote proctored test). Visit [Policy on Readers for Visually Impaired Test Takers](#).
- E. Use of an amanuensis (candidates approved for an amanuensis/scribe are permitted to provide their own amanuensis/scribe for the remote proctored test)
- F. Braille (UEB)
- G. Paper-and-pencil format test
 - Regular print (9.5 pt. font) format
 - Large print (18 pt. font) format
 - Alternate [non-Scantron answer sheet](#) (only applicable to a paper-and-pencil accommodation)
 - Mark answers in test book (only applicable to a paper-and-pencil accommodation)
- H. Candidate-supplied non water beverage
- I. Scratch paper (unlimited)
- J. Writing utensils
- K. Diabetic supplies requiring prior approval
 - Lancets and/or needles
 - Cell phone (for use with Continuous Glucose Monitoring System)
 - Other: _____
- L. Other — Please specify other requested accommodations: _____

Candidate Name: _____

LSAC Account #: _____

ACCOMMODATIONS REQUESTED FOR LSAT ARGUMENTATIVE WRITING (the Writing Sample portion):

NOTE: Some LSAT Argumentative Writing accommodations (e.g., paper-and-pencil, braille, stop/start breaks, use of a human reader and/or amanuensis) require an appointment for online, live remote proctoring.

A. Additional test time on **LSAT Argumentative Writing**

50% additional time (i.e., time-and-a-half, or 23 minutes for prewriting and 53 minutes for essay)

100% additional time (i.e., double time, or 30 minutes for prewriting and 70 minutes for essay)

Other Please specify: _____

NOTE: Please specify the additional time requested for the essay portion only; the percentage of additional time you request for essay writing will be applied equally to the prewriting section automatically.

B. Stop/start breaks (as needed, up to 60 minutes)

C. Use of a human reader (candidates approved for a human reader are permitted to provide their own human reader for the remote proctored test). Visit [Policy on Readers for Visually Impaired Test Takers](#).

D. Use of an amanuensis (candidates approved for an amanuensis/scribe are permitted to provide their own amanuensis/scribe for the remote proctored test)

E. Braille (UEB)

F. Paper-and-pencil format test

Regular print (12 pt. font) format

Large print (18 pt. font) format

G. Candidate-supplied non water beverage

H. Scratch paper (unlimited)

I. Writing utensils

J. Diabetic supplies requiring prior approval

Lancets and/or needles

Cell phone (for use with Continuous Glucose Monitoring System)

Other: _____

K. Other — Please specify other requested accommodations: _____

Candidate Name: _____

LSAC Account #: _____

V. CANDIDATE: Statement of Need (please type if possible)

Indicate your Accommodation Request Category(ies) (check all that apply)

[1] [2] [3]

In your personal statement, please provide your rationale for the accommodation(s) requested.

VI. By signing below, I certify that all the information on this form is true and correct. I also certify that I am requesting disability-related accommodations and have provided evidence of a disability from a Qualified Professional or other records in support of my request. I understand that any accommodation recommended by my Qualified Professional that I have not requested in Section IV of this form will not be considered as part of my accommodation request and, therefore, is not subject to approval.

Signature: _____

Date: _____

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

Signature: _____

Date: _____