

Candidate Form

Please type. [If emailing documents, please send them in their original format. Adobe Reader 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 Date for Which Accommodations Are Requested:

Requested Test Center:

Have you previously requested accommodation on the LSAT? Yes No

Indicate test date(s) for which accommodations were previously requested:

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

Visual Specific visual diagnosis

Physical Specific physical diagnosis

Cognitive Specific cognitive diagnosis

Psychological Specific psychological diagnosis

Hearing Specific hearing diagnosis

Other Other diagnosis

III. Prior Testing Accommodation—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 accommodation 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 [listed LSAT accommodations](#), and are these identical or equivalent to the accommodation(s) 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 testing accommodation(s) was previously approved? Yes No
If No, then move to Section IV and do not complete the remainder of this section.
- D. If you answered Yes to III.C, Submit proof of specific accommodation(s) granted from the test sponsor of the test for which accommodation(s) was previously approved.

Candidate Name:

LSAC Account #:

IV. Accommodation(s) Requested

Test Accommodation(s): The following are the most commonly requested test accommodations. If the accommodation requested is 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

50% additional time on multiple-choice sections

100% additional time on multiple-choice sections

Other Please specify:

B. Additional time on Writing Sample

50% additional time on Writing Sample

100% additional time on Writing Sample

Other Please specify:

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)

[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)

The number of minutes of additional rest time must be specified:

H. Breaks between sections

The number of additional minutes between each section must be specified:

I. Sit/stand with a podium

J. Wheelchair accessibility

If table is requested, specify height:

K. **Alternate test format (select from [formats available](#)).** (If you do not complete this section, the regular test book will be used.)

L. Other Please specify:

Candidate Name:

LSAC Account #:

- V. 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:

Revision date: 12/2017

