

LSAT Test Date Change Form

This form must be **received by the test date change deadline indicated at LSAC.org**; forms received after the deadline will be returned unprocessed. You may only request a change to another test date within the current testing year (June 2017–February 2018). However, those who register for February may request to change to the June 2018 exam only.

Last Name (Family or Surname) First Name (Given) Middle Initial

Date of Birth Last Four Digits of Social Security or Social Insurance Number Phone Number
MM/DD/YYYY

Street Address or PO Box; include apartment number, if applicable

City State/Province US Zip/Postal Code Country

Note: Please check if new address. _____
LSAC Account Number

Previous Test Date:

Sept. 16, 2017 Feb. 10, 2018
 Dec. 2, 2017 Feb. 11, 2018 (Asia, AU/NZ)

Saturday Sabbath Observers

Sept. 18, 2017 Dec. 4, 2017 Feb. 12, 2018

Check the one test date for which you were registered.

Change To:

Dec. 2, 2017 June 11, 2018
 Feb. 10, 2018 June 23, 2018 (Europe, Middle East, Africa)
 Feb. 11, 2018 (Asia, AU/NZ) June 24, 2018 (Asia, AU/NZ)

Saturday Sabbath Observers

Sept. 18, 2017 Dec. 4, 2017 Feb. 12, 2018

First-choice test center number and location Second-choice test center number and location

Test Date Change Fee: \$100 (\$95 CDN) Amount Enclosed \$ _____

Enclose check or money order in US dollars made payable to **LSAC**
OR charge: VISA MasterCard DISCOVER American Express

VISA/MasterCard/DISCOVER/American Express account number Exp. Date (MM/YYYY)

Name on Credit Card

Credit Card Billing Address:

Street Address or PO Box; include apartment number, if applicable

City State/Province US Zip/Postal Code Country

Include a check or money order made payable to LSAC or enter a VISA, MasterCard, DISCOVER, or American Express account number and the card's expiration date. Indicate the last four digits of your Social Security or Social Insurance number on your check or money order.
Do not send cash or foreign currency.

Mail this completed form to: LSAC, Test Date Change Request, PO Box 2000-T, Newtown, PA 18940-0995, USA; **fax to 215.968.1277**; or scan and email to LSACinfo@LSAC.org.

Important: Read the following statement. Sign your name and enter the date. Law School Admission Council (LSAC) will not process this form if this statement has been modified or altered in any way, is incomplete, or not signed.

I authorize LSAC to process the test date change requested above. I certify that I have read LSAC's policies at LSAC.org and am aware that my test date change request will be processed in accordance with published policies. If paying by credit card, I warrant that I am authorized to make charges to the account I have identified and authorize LSAC to make the appropriate charges.

Signature Date

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