



Candidate Form

Please enter your information. If emailing documents, please send them 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 Date for Which Accommodations Are Requested: _____

Have you previously requested accommodations 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 diagnosis _____

Physical/medical Specific diagnosis _____

Neurological Specific diagnosis _____

Psychological Specific diagnosis _____

Hearing Specific diagnosis _____

Other Other diagnosis _____

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 [listed LSAT 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.

Candidate Name: _____

LSAC Account #: _____

IV. Accommodations Requested

Test Accommodations: The following is a non-exhaustive list of test accommodations that may be available for the LSAT (multiple-choice sections) and LSAT 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 seeking on both the LSAT and LSAT Writing below.**

LSAC does not offer an untimed test. The standard timing of each section is 35 minutes. **The amount of additional test and 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 for breaks during test section[s])

D. Use of a human reader (candidates approved for a human reader are permitted to provide their own for the remote proctored test) [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 for the remote proctored test)

F. Sit/stand

G. Braille format Specify: **UEB** **EBAE**

H. Paper-and-pencil format Specify: **Regular Print** **Large Print (18 pt. font)**

Alternate [non-Scantron answer sheet](#) (only applicable to a paper-and-pencil format accommodation)

Mark answers in test book (only applicable to a paper-and-pencil format accommodation)

I. Other Please **specify** other requested accommodations: _____

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

NOTE: Some accommodations for LSAT Writing will be delivered in a test center (e.g., paper-and-pencil format, braille format, stop/start breaks).

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

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

100% additional time (i.e., double time, or 70 minutes)

Candidate Name: _____

LSAC Account #: _____

Other Please specify: _____

B. Stop/start breaks (as needed for breaks during test section[s])

C. Use of a human reader (candidates approved for a human reader are permitted to provide their own for the remote proctored test) [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 for the remote proctored test)

E. Paper-and-pencil format Specify: **Regular Print** **Large Print (18 pt. font)**

F. Braille format Specify: **UEB** **EBAE**

G. Other Please **specify** other requested accommodations: _____

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

Accommodation Request Category [1] [2] [3]

Please provide a reasonable explanation for why the requested test accommodations are needed to best ensure that the LSAT results accurately reflect your aptitude or achievement level (attach additional pages as needed):

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: _____