

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? O Yes O 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 <u>Policy on Prior Testing Accommodations</u>					
	A. Were you previously approved to receive testing accommodations on one or more eligible tests? O Yes O 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 <u>listed LSAT accommodations</u> , and are these identical or equivalent to the accommodations you were previously approved to receive on an eligible test? O Yes O 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? O Yes O 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.

Car	ididate Name:_								
LSA	C Account #: _								
IV.	V. 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.								
		not offer an untimed test. The standard timing of each section is 35 minutes. The amount of additional ak time requested must be specified.							
	АССОММО	DDATIONS REQUESTED FOR THE LSAT (multiple-choice sections):							
	A.	Additional test time on multiple-choice sections							
		\square 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)							
	☐ 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.	\square Use of an amanuensis (candidates approved for an amanuensis/scribe are permitted to provide their own for the remote proctored test)							
F. □ Sit/stand									
	☐ Braille format Specify: ☐ UEB ☐ EBAE								
H. □ Paper-		☐ Paper-and-pencil format Specify: ☐ Regular Print ☐ Large Print (18 pt. font)							
		☐ Alternate <u>non-Scantron answer sheet</u> (only applicable to a paper-and-pencil format accommodation)							
		☐ Mark answers in test book (only applicable to a paper-and-pencil format accommodation)							
	l.	☐ Other Please specify other requested accommodations:							
	ACCOMMO	DDATIONS REQUESTED FOR LSAT WRITING (the Writing Sample portion):							
	NOTE: So	me LSAT Writing accommodations (e.g., paper-and-pencil format, braille format, stop/start breaks, use a human reader and/or amanuensis) require an appointment for online, live remote proctoring.							
	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 Form Page 2 (C2) of 3

Can	didate Name:_							
LSA	C Account #: _							
	R		ase specify:(as needed for breaks		n)			
		☐ Use of a human re	proved for a humar	n reader are permitted to provide their Visually Impaired Test Takers				
	uensis/scribe are permitted to provide							
	E.	☐ Paper-and-pencil	format Specify: [☐ Regular Print	☐ Large Print (18 pt. font)			
	F.	☐ Braille format	Specify: □ UEB					
	G.	☐ Other Plea	ase specify other requ	uested accommoda	ations:			
V.	CANDIDATE: Statement of Need (Please type if possible)							
	Accommodation	on Request Category	□ [1]	□ [2]	□ [3]			
	as needed):				ement level (attach additional page			
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 ce	rtify that all of th	e information on this t	form is true and corre	ct.				
Sigr	nature:							
Date	e:							
If yo	u are unable to	sign this form, please	e have someone sign	and date it in your	presence.			
Sigr	nature:							
Date	e:							

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