

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:

Registered Test Center:

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. Additional rest time between third and fourth sections (standard break is 15 minutes)

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

C. Breaks between other test sections

The number of minutes of breaks between each section **must be specified:**

D. Stop/Start Breaks (as needed)

E. Use of a human reader (provided by LSAC) [Policy on Readers for Visually Impaired Test Takers](#)

F. Use of electronic screen-reader software

Note: Testing with a screen reader involves the use of candidate-provided computer and software, which must be brought to the test center by the candidate. An electronic HTML-based version of the test is provided by the Test Center Supervisor on a USB flash drive. Responses must be recorded on a paper answer sheet by the candidate or an amanuensis.

G. Use of an amanuensis (scribe provided by LSAC)

H. Sit/stand With a podium (candidate provides podium)

I. Wheelchair accessibility

If table is requested, specify height:

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

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

Alternate [non-Scantron answer sheet](#)

Mark answers in test book

L. Other Please **specify** other requested accommodations:

Candidate Name:

LSAC Account #:

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, human reader, amanuensis).

With computer-based LSAT Writing, candidates may utilize their own accessibility software programs as needed without prior approval (e.g., JAWS, ZoomText, Kurzweil 3000, VoiceOver, and speech recognition software).

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)

Other Please specify:

B. Stop/Start Breaks (as needed)

C. Use of a human reader (provided by LSAC) [Policy on Readers for Visually Impaired Test Takers](#)

D. Use of an amanuensis (scribe provided by LSAC)

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. 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: