



Credential Assembly ServiceSM (CASSM) Refund Request Form

Last Name:

First Name:

Middle Initial:

Last Four Digits of Social Security or Social Insurance Number:

Date of Birth (MM/DD/YYYY):

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

City:

State/Province:

US Zip/Postal Code:

Country:

Note: Please check this box if you have entered a new address.

Phone Number:

Test Center Number:

LSAC Account Number: L

Credential Assembly Service (CAS) fees are partially refundable if:

- transcript summarization has not yet begun,
- no letters of recommendation have been received,
- no electronic applications have been sent to LSAC for processing, and
- your CAS registration has not expired.

Note: If you purchased a package, no part of that package is refundable. To receive a partial refund for CAS, you must have purchased it individually.

Should you need CAS reporting in the future, it will be necessary for you to reregister and pay the full CAS fee.

Important: Read the following statement. Sign your name and enter the date. If the statement is not signed and dated, it will **not** be processed. LSAC will not process this form if this statement has been modified or altered in any way.

I authorize LSAC to process a refund for my CAS file, as requested above. I certify that I have read [LSAC's policies](#) and am aware that my account will be refunded and my registration will be canceled in accordance with published refund policies.

Signature:

Date:

Return this form to:

Law School Admission Council
CAS Refund Request
662 Penn Street
PO BOX 2000
Newtown PA 18940-0998
USA

Fax to 215.968.1119 or scan and **email** to LSACinfo@LSAC.org.