



LSAT[®] 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

LSAT fees are only partially refundable due to the fact that processing costs are incurred in the registration process, regardless of whether you actually take the test.

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

In accordance with LSAC's refund policy, please process my LSAT refund request for the test administration(s) listed below:

LSAT Administration:

June 2019

July 2019

September 2019

October 2019

November 2019

January 2020

February 2020

March 2020

April 2020

June 2020

Note: A completed and signed request must be received by the applicable [receipt deadline](#) or it will not be processed. If your request for a refund is not received by the applicable receipt deadline, you may still withdraw your registration. Access your LSAC.org account and click on LSAT Registrations & Statuses. Follow the instructions to withdraw your test registration by the specified withdrawal deadline. Withdrawing your registration will prevent an absentee notation from appearing on your LSAT Law School Report. Withdrawals cannot be rescinded. Refund request deadlines will not be extended for those who submit a request form that is incomplete or is missing a signature.

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 LSAT 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
LSAT Refund Request
662 Penn Street
PO BOX 2000-T
Newtown PA 18940-0995
USA

Fax to 215.968.1277 or scan and **email** to LSACrefunds@LSAC.org.