LSAT Test Date Change Form

This form must be **received by the test date change deadline indicated at LSAC.org**; forms received after the deadline will be returned unprocessed. You may only request a change to another test date within the current testing year (June 2018–June 2019).

Last Name (Family or Surname) | First Name (Given) | Middle Initial

Date of Birth *MM/DD/YYYY* | Last Four Digits of Social Security or Social Insurance Number | Phone Number

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

City | State/Province | US Zip/Postal Code | Country

☐ **Note:** Please check if new address.

L ____ ____ ____ ____ ____ ____ ____ ____ ____
LSAC Account Number

Previous Test Date: (Check the one test date for which you were registered.)

- ☐ June 11, 2018
- ☐ June 23, 2018 (Europe/Middle East/Africa)
- ☐ June 24, 2018 (Asia, AU/NZ)
- ☐ July 23, 2018
- ☐ Sept. 8, 2018
- ☐ Oct. 6, 2018 (Europe/Africa)
- ☐ Oct. 14, 2018 (Asia, AU/NZ)
- ☐ Nov. 17, 2018
- ☐ Jan. 26, 2019
- ☐ March 30, 2019
- ☐ June 3, 2019

Saturday Sabbath Observers

- ☐ Sept. 5, 2018
- ☐ Nov. 19, 2018
- ☐ Jan. 28, 2019
- ☐ April 1, 2019

Change To:

- ☐ July 23, 2018 (Europe/Middle East/Africa)
- ☐ Sept. 8, 2018
- ☐ Oct. 6, 2018 (Europe/Africa)
- ☐ Oct. 14, 2018 (Asia, AU/NZ)
- ☐ Nov. 17, 2018
- ☐ Jan. 26, 2019
- ☐ Jan. 27, 2019 (Asia, AU/NZ)
- ☐ March 21, 2019 (Asia, AU/NZ)
- ☐ March 30, 2019
- ☐ June 3, 2019

Saturday Sabbath Observers

- ☐ Sept. 5, 2018
- ☐ Nov. 19, 2018
- ☐ Jan. 28, 2019
- ☐ April 1, 2019

First-choice test center number and location _____ **Second-choice test center number and location** _____

Test Date Change Fee: $125 ($110 CDN) Amount Enclosed $ _____

Enclose check or money order in US dollars made payable to **LSAC**
OR charge: ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ American Express

VISA/MasterCard/DISCOVER/American Express account number Exp. Date *(MM/YYYY)*

Name on Credit Card

Credit Card Billing Address:

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

City | State/Province | US Zip/Postal Code | Country

Include a check or money order made payable to LSAC or enter a VISA, MasterCard, DISCOVER, or American Express account number and the card's expiration date. Indicate the last four digits of your Social Security or Social Insurance number on your check or money order.
Do not send cash or foreign currency.

Mail this completed form to: *LSAC, Test Date Change Request, PO Box 2000-T, Newtown, PA 18940-0995, USA*; **fax to 215.968.1277**; or scan and email to LSACinfo@LSAC.org.

Important: *Read the following statement. Sign your name and enter the date. Law School Admission Council (LSAC) will not process this form if this statement has been modified or altered in any way, is incomplete, or is not signed.*

I authorize LSAC to process the test date change requested above. I certify that I have read LSAC's policies at LSAC.org and am aware that my test date change request will be processed in accordance with published policies. If paying by credit card, I warrant that I am authorized to make charges to the account I have identified and authorize LSAC to make the appropriate charges.

Signature *Date*

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