



# 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. \_\_\_\_\_  
LSAC Account Number

<b>Previous Test Date:</b> (Check the one test date for which you were registered.)		<b>Saturday Sabbath Observers</b>
<input type="checkbox"/> June 11, 2018	<input type="checkbox"/> Oct. 14, 2018 (Asia, AU/NZ)	<input type="checkbox"/> Sept. 5, 2018
<input type="checkbox"/> June 23, 2018 (Europe/Middle East/Africa)	<input type="checkbox"/> Nov. 17, 2018	<input type="checkbox"/> Nov. 19, 2018
<input type="checkbox"/> June 24, 2018 (Asia, AU/NZ)	<input type="checkbox"/> Jan. 26, 2019	<input type="checkbox"/> Jan. 28, 2019
<input type="checkbox"/> July 23, 2018	<input type="checkbox"/> March 30, 2019	<input type="checkbox"/> April 1, 2019
<input type="checkbox"/> Sept. 8, 2018	<input type="checkbox"/> June 3, 2019	
<input type="checkbox"/> Oct. 6, 2018 (Europe/Africa)		

<b>Change To:</b>		<b>Saturday Sabbath Observers</b>
<input type="checkbox"/> July 23, 2018 (Europe/Middle East/Africa)	<input type="checkbox"/> Jan. 26, 2019	<input type="checkbox"/> Sept. 5, 2018
<input type="checkbox"/> Sept. 8, 2018	<input type="checkbox"/> Jan. 27, 2019 (Asia, AU/NZ)	<input type="checkbox"/> Nov. 19, 2018
<input type="checkbox"/> Oct. 6, 2018 (Europe/Africa)	<input type="checkbox"/> March 21, 2019 (Asia, AU/NZ)	<input type="checkbox"/> Jan. 28, 2019
<input type="checkbox"/> Oct. 14, 2018 (Asia, AU/NZ)	<input type="checkbox"/> March 30, 2019	<input type="checkbox"/> April 1, 2019
<input type="checkbox"/> Nov. 17, 2018	<input type="checkbox"/> June 3, 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