

## 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 2012–February 2013). However, those who register for February may request a change to a date in the next processing year.

Last Name (Family or Surname) First Name (Given) MI  
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

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**Previous Test Date:** Saturday Sabbath Observers  
June 11, 2012 Dec. 1, 2012 Oct. 10, 2012 Dec. 3, 2012 Feb. 11, 2013  
Oct. 6, 2012 Feb. 9, 2013  
*Check the one test date for which you were registered.*

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**Change To:** Saturday Sabbath Observers  
June 11, 2012 Dec. 1, 2012 Oct. 10, 2012 Dec. 3, 2012 Feb. 11, 2013  
Oct. 6, 2012 Feb. 9, 2013

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

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**Test Date Change Fee:** \$80 (\$81 CDN) Amount \$  
Enclose check or money order in US dollars made payable to **LSAC** **Note:** A candidate who receives a fee waiver for the February 2013 LSAT cannot transfer the waiver to the next processing  
**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

**If no test date and/or test center is indicated, you will be assigned to the next available test date and/or to the previously assigned test center.**  
Include an \$80 (\$81 CDN) 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 or **fax to 215.968.1277.**

**Important** Read the following statement. Sign your name and enter the date. If the statement is not signed and dated, it will be returned to you. Delays in processing may result. Law School Admission Council (LSAC) will not process this form if this statement has been modified or altered in any way.

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