



LSLS Written Test – Retest Scheduling Request Form

This form is for use by LSLS candidates with previously approved applications who have deferred their original appointment or who wish to retake the LSLS Written Test

Section 1: LSLS Information			
Candidate ID Number OR Social Security Number		Original Test Date	
Last Name (as it appears on our records)		First Name and Middle Initial (as it appears on our records)	
Email Address (to confirm receipt of this form)			
Section 2: Address/Phone Number Change			
<small>If your contact information has changed, please provide updated information. If there is no change you may leave this section blank.</small>			
NEW Address (include apartment number)			
NEW City	NEW State	NEW Zip Code	
NEW County		NEW Home Phone Number	
NEW Email Address			
Section 3: Selection of Test Site Date and Location			
<small>(complete this section for one of the published LSLS exam dates/locations)</small>			
Check (√)	Location	Test Date	Request Deadline*
			All retest scheduling request forms must be received by the Academy at least 14 days prior to the exam date.
Section 4: Payment Information			
<small>(for retesters only; deferral candidates have already paid)</small>			
Select retest fee amount: <input type="checkbox"/> \$200 for members of the AG Bell Association <input type="checkbox"/> \$300 for non-members			
Select payment method: <input type="checkbox"/> check or money order # _____ is enclosed <input type="checkbox"/> please bill my credit card			
Credit Card Number		Expiration Date	
Cardholder Name			
LSLS Applicant Signature			

* This form must be received at the AG Bell office via mail or fax by the specified deadline for you to be eligible for retesting on your preferred date. AG Bell does not accept responsibility for delays or delivery errors on the part of delivery services; applicants are encouraged to submit applications well in advance of the deadline. Forms should be sent to AG Bell Academy, 3417 Volta Place NW, Washington, DC 20007 or faxed to 202-337-8314.