

**Association of American Medical Colleges
MCAT® Disability Accommodation Waiver**

I, _____, acknowledge that the Association of American Medical Colleges (AAMC) approved my request for a disability accommodation while taking the Medical College Admission Test® (MCAT).

The AAMC has approved the following test administration accommodation(s):

Approved Test Administration Accommodation(s)

and proposed an accommodated MCAT exam administration scheduled for _____.

Please check and complete one applicable option:

I hereby waive all of my Approved Test Administration Accommodation(s) and desire to take the MCAT exam under the standard MCAT administration and scoring parameters, outlined in the MCAT® Essentials (<http://www.aamc.org/students/mcat/mcatessentials.pdf>), and without any accommodation.

I hereby waive only the following Approved Test Administration Accommodation(s):

and desire to take the MCAT exam with the remaining Approved Test Administration Accommodation(s).

I understand and accept that my decision to waive the Approved Test Administration Accommodation may have a potential adverse impact on my MCAT score which may affect my medical school application.

I release and forever discharge AAMC, its agents, officers, and employees from any and all claims, demands, and liability arising out of or in connection with my decision to waive any and all of my Approved Test Administration Accommodation(s), including but not limited to:

- an adverse impact medical school acceptance; and/or
- requests to retake the MCAT exam at a discounted fee.

Accepted and Agreed:

Signature

Date

Street Address

City, State, Zip

Telephone