



REQUEST FOR ADA ACCOMMODATION

COURT INTERPRETER CREDENTIALING PROGRAM

Complete this form if you are requesting individual testing accommodations.

Applicant's Name: Click or tap here to enter text.
(Please print legibly)

Address: Click or tap here to enter text. Click or tap here to enter text.
(Street or P.O. Box) (City) (GA) (Zip Code)

Email: Click or tap here to enter text. **Phone:** Click or tap here to enter text.

Describe the impairment that necessitates the accommodation(s):

Describe the accommodation(s) you are requesting:

The information provided is true and accurate to the best of my knowledge.

Signature

Date

Print Name



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Complete this form if you are requesting individual testing accommodations.

Please submit the signed Request for ADA Accommodation to:

**Administrative Office of Courts
244 Washington St., S.W. Suite 300
Atlanta, GA 30034
Or email gcr@georgiacourts.gov
and upload to your GCR account**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____