

## English as a Second Language Accomodation

Approval Date: Testing Ctr. Notified:

Office Use Only

Request Form
Return application to:

## **National Recreation and Park Association**

CL#500007 PO Box 5007 Merrifield, VA 22116-5007

## \*\*\*Requests must be received at the time of application

irst Name:		MI:	Last Name:		
Mailing Address:					
City:			State:		_ Zip:
Home Phone:			Work Phone:		
Email Address:			Primary La	inguage:	
The sig	nature of your supervisor,	professor or hu	man resources representa	tive is required to veri	ify request.
Name:		Relation	aship to applicant/Title		
Yes □ N  I would like	to request a 90 mi to request the use onaries allowed).	of a strict to			
		т	Related Fees		
		xtension tion Dictionary	Xelated Fees	\$80.00 FREE	
		Aı	mount Due		
	Time Extension - \$80				
	Translation Dictionary Grand Total Due				
	If application	is not approved,	, the time extension fee w	vill be refunded.	
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Please make checks payable	If application to: National Recreation and Park As		, the time extension fee w	rill be refunded.	
	to: National Recreation and Park As				
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