

## English as a Second Language Accommodation Request Form

Office Use Only
Approval Date:
Testing Ctr. Notified:

Return application to:

## **National Recreation and Park Association**

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

\*\*\*Requests must be received at least 30 days prior to the scheduled exam date.

First Name:	MI: Last I	Name:	
Mailing Address:			
City:		State:	Zip:
Home Phone:	W	ork Phone:	
Email Address:		Primary Language:	<u>-</u>
Location of Course/Exam (if applicable	e)		
The signature of your su	pervisor, professor or human res	ources representative is require	d to verify request.
Name:	Relationship to	applicant/Title	
► I would like to request a  ► I would like to request the electronic dictionaries allow Strict translation dictionary	ne use of a strict transla	ntion dictionary (book candidate on the day o	form only, no
	Time Extension Translation Dictionary	\$80.00 FREE	
	Amount	Due	
Time Extension - \$80			
Translation D	Translation Dictionary (FREE)		
Grand Total D	Grand Total Due		
If app	plication is not approved, the tim	ne extension fee will be refunde	d.
Form of Payment Check _		Credit Card Type	
Account #:		Card Expiration Date:	
Would you like a copy of your r Signature:	eceipt emailed to you?   Yes	□ No	