



**SUPREME COURT OF GEORGIA  
OFFICE OF BAR ADMISSIONS**

**BOARD TO DETERMINE FITNESS OF BAR APPLICANTS  
244 Washington Street, SW  
Suite 440  
Atlanta, Georgia 30334**

**AMENDMENT TO APPLICATION  
MUST BE TYPEWRITTEN**

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**Name**

**Social Security Number**

I hereby amend my (check one)

Application for Certification of Fitness to Practice Law

Bar Examination Application

as follows:

Signature

Date

Daytime Phone #