



**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**

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 #