Registration Form for Court Interpreter Written Test

| Name: | | |
|------------------------------------------------------------------------------------|---------------------|--|
| First M | liddle Last | |
| | | |
| Address | | |
| | | |
| City, State, Zip Code | | |
| | | |
| Email Address | | |
| () | (| |
| Home Phone Number | Mobile Phone Number | |
| Interpreter ID # | | |
| Please indicate 1 st , 2 nd and 3 rd choice of te | esting dates/times: | |
| Saturday, June 6 th at 9:00 am | 1 | |
| Tuesday, June 9 th at 5:30 pm | | |
| Monday, June 22 nd at 5:30 pr | m | |
| Saturday, June 27 th at 9:30 ar | m | |

All above test dates will be held at William Mitchell College of Law in St. Paul

Return completed form

- via email to Teresa.Grimlund@courts.state.mn.us or
- **FAX to 651-296-6609** or
- US mail to:

Court Interpreter Program, Room 105 Minnesota Judicial Center 25 Rev. Dr. Martin Luther King, Jr. Blvd. St. Paul, MN 5515

Once received, we will confirm your registration within 2 to 3 business days.