

DISTRICT SCHOOL BOARD OF PASCO COUNTY
Department of Communications and Government Relations

REQUEST FOR TRANSLATION/INTERPRETATION SERVICES

Instructions: Complete this form and submit it along with any requested documents (electronic and/or hardcopy) to Elizabeth Trevino, District's Translator/Interpreter Specialist, eltrevin@pasco.k12.fl.us or fax to Ext. 42716.

WRITTEN TRANSLATION	ORAL INTERPRETATION	
1. Language from:	1. Language:	
2. Language to:	2. Purpose of meeting (describe):	
3. Number of total pages: Simple text: Complex text:		
4. Date needed:		
5. Content of document:	3. Location:	
	4. Date:	Time:
	5. Required arrival time:	Estimated completion time:
	<input type="checkbox"/> ESOL <input type="checkbox"/> ESE <input type="checkbox"/> Student Services <input type="checkbox"/> Other _____	
	<input type="checkbox"/> ESOL <input type="checkbox"/> ESE <input type="checkbox"/> Student Services <input type="checkbox"/> Other _____	

Please note: Duplication and dissemination of translated document(s) is the responsibility of the school/department making the request.

Person making the request:		Title:		Phone number:
School/Department:	Today's date:	Authorizing Administrator's name and position:		Signature:

Communications use only:

Date Received:	Approved: <input type="checkbox"/> Regular <input type="checkbox"/> Priority	<input type="checkbox"/> Elizabeth <input type="checkbox"/> District Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Private Vendor	Assigned to: <input type="checkbox"/> Fingerprinted: <input type="checkbox"/> Insurance: <input type="checkbox"/> Confidentiality:
Processing Department: <input type="checkbox"/> ESOL <input type="checkbox"/> ESE <input type="checkbox"/> Student Services <input type="checkbox"/> Other _____			Person in charge of processing: