



Interpretation (Spoken) Translation (Written) Request Form

Ten (10) days advance notice is requested. Please fax or email

District _____ Date _____

District Administrator Contact (for verification or questions) _____

Language/Dialect: _____ Name of translator/interpreter: _____
(optional)

Will accept an alternative person if the above is not available Yes No

Date(s) _____ Service Purpose: _____

Student(s): _____ Grade: _____

Parent Name: _____ Phone: _____

Where Translator/Interpreter should report: _____

Address: _____

Location Contact Person: _____

Location Contact Phone: _____ Email: _____

Unless indicated otherwise, will report to main office: _____

Time to report: AM PM *Estimated Hours/Minutes:

***Minimum charges:** Meetings 1 hr · Phone Calls 15 min · Same day cancellation 1 hr (except weather related)

COMPLETE FOR NYS TESTING ONLY:

Translator will also proctor: Yes: _____ No: _____ (**District will provide training)

Training Date: _____ Time: _____ Location: _____

**Proctor Training: Minimum 1 hour to be billed on meeting date

District Authorization:

Signature

Print Name

11/1/2018

For RPS Office Use Only:
Date Received: _____
Approved: _____