



**INTERPRETATION (Spoken)
TRANSLATION (Written)
REQUEST FORM FOR BOCES PROGRAMS**
Ten (10) days advance notice required.
Please fax to 585-387-3845

****Requests to read a document to a family will also include translation charges. Please call for details or clarification.**

Program requesting service: _____

Budget code: _____

Language needed: _____

Name of interpreter/translator: _____

(optional)

Purpose of service: _____

Date(s) requested: _____

Student: _____ Grade: _____

Parent: _____

Location of Assignment: _____

Address: _____

Contact: _____

Phone: _____ Email: _____

Location interpreter should report: _____

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)

Authorization:

Print name

Signature

10/23/2020

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