



Translation Request Form

School: _____ Date: _____

Name/Title of Person Making Request: _____

Telephone Number: _____ Email: _____

Name of Document: _____

Important Information or Special Instructions:

Principal's Signature

Date

Please allow a minimum of 2 weeks from the date received for your request to be completed.

**This form must be completed and attached to the document to be translated.
All translation requests should be sent to the ESL Intake and Resource Center.
Fax: 704-296-3107**