## **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 do	cumer	nt:						
					3. Location:			
					4. Date:	Time:		
					5. Required arrival time:	<b>Estimated completion time:</b>		
□ ESOL □ ESE □ Student Services □ Other						□ ESOL □ ESE □ Student Services □ Other		
Please note: Duplication and dissemination of translated docume.  Person making the request:  Title:					t(s) is the responsibility of the school/a	lepartment maki	Phone number:	
School/Department:		Today's dat	e: Authorizing Adn	ninistrator's	name and position:	Signature:		
Communication	ns us	e only:						
<b>Date Received:</b>	Appr	oved:	□ Elizabeth		Assigned to:			
	□ Re	egular	☐ District Employee		Fingerprinted:			
	☐ Priority		☐ Volunteer ☐ Private Vendor		☐ Insurance:			
Duo accesing Done start			iii riivate veituor		Confidentiality:			
Processing Department:					Person in charge of processing:			
□ ESOL □ ESE □ Student Services □ Other								