



TRANSLATION/INTERPRETER REQUEST FORM

ONLY to be used with district designated translation companies

REQUEST DATE:

REQUESTING CAMPUS/ DEPARTMENT:

CAMPUS/ DEPARTMENT ADDRESS:

CONTACT NAME:

PHONE NUMBER:

REASON FOR INTERPRETER/ TRANSLATION:

STUDENT ID# *(Only if student is the specific reason for this request):*

LEP INDICATED STUDENT: YES

NO

LANGUAGE REQUESTED:

*DATE OF APPOINTMENT:

TIME OF APPOINTMENT:

ESTIMATED LENGTH OF APPOINTMENT:

*72 Hour notification required, except for emergency situations. Please **email completed forms** to TIN@tintranslation.com and copy jude.schott@kellerisd.net. You are responsible to notify TIN of any changes or cancellations to avoid any charges.

OFFICE USE ONLY	
Date Request Received	
Date Interpreter Contacted	
Name of Company Contacted	
Company Notified by	