



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## FOREIGN DOCUMENT VERIFICATION FORM INTERNAL USE ONLY

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Staff Member)

Request to review and verify the following foreign language document for Student Services. Please send form to **State and Federal Programs Department Translators** with a copy of the document.

Check appropriate box:

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate        | <input type="checkbox"/> Spanish                        |
| <input type="checkbox"/> Baptism Certificate      | <input type="checkbox"/> Vietnamese                     |
| <input type="checkbox"/> Passport                 | <input type="checkbox"/> Other language (specify) _____ |
| <input type="checkbox"/> Consulate Issued ID card |   |
| <input type="checkbox"/> National ID              |   |
| <input type="checkbox"/> Other (specify) _____    |   |

### Parent Information (to be filled out by translator):

#### 1. Father/Legal Guardian:

\_\_\_\_\_  
Last Name Middle Name First Name

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

#### 2. Mother/Legal Guardian:

\_\_\_\_\_  
Last Name Middle Name First Name

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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**3. Student:**  Male  Female

\_\_\_\_\_  
Last Name Middle Name First Name

\_\_\_\_\_  
Birthdate City of Birth State of Birth Country of Birth

**Note: The translator verifying the foreign language document may need to contact the parents for clarification purposes.**

Reviewed and verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Translator's Name)