ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

FOREIGN DOCUMENT VERIFICATION FORM
FOR STUDENT SERVICES ONLY

Requested by:_____ Date: _____
(Name of staff member)

The purpose of this form is to **review and verify** a foreign language document presented upon enrollment. Please email this form with a copy of the document to interpretationandtranslationunit@arusd.org.
Disclaimer: We do not translate the following: copyrighted materials, birth certificates, passports, legal and medical reports, certificates, diplomas, transcripts, report cards, publications, articles, music, and literary pieces.

Check appropriate box:

- ☐ Birth Certificate
- ☐ Baptism Certificate
- ☐ Passport
- ☐ Consulate Issued ID card
- ☐ National ID
- ☐ Other (specify) _____
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other language: _____

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 reviewing and verifying the foreign language document may need to contact the parents for clarification purposes. Please include a phone number.

Reviewed and verified by: _____ Date: _____
(Translator's name)