



UNION COUNTY
PUBLIC SCHOOLS
 FEDERAL PROGRAMS

Interpretation Request Form

Language Needed: _____

Has the need for an interpreter been verified?

Format of interpretation assistance requested

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

In Person	<input type="checkbox"/>
-----------	--------------------------

Virtually	<input type="checkbox"/>
-----------	--------------------------

ID Number of student associated with this request _____

School: _____ Date: _____

Name/Title of Person Making Request: _____

Telephone Number: _____ Email: _____

Date Interpretation Services are needed: _____ Time Services are needed: _____

Name of Parent in need of Language assistance: _____

Important Information or Special Instructions: _____

Please email this form to Liliana Munoz Whitted (Liliana.MunozWhitted@ucps.k12.nc.us)

or fax to 704-296-3107.

This process must be completed at least 7 days prior to the meeting date.

An email will be returned to confirm availability.

 Principal's/Supervisor's Signature

 Date