



Translation Request Form

School: _____ Date: _____

Name/Title of Person Making Request: _____

Telephone Number: _____ Email: _____

Name of Document: _____

Important Information or Special Instructions:

Please **allow a minimum of 2 weeks** from the date received for your request to be completed. Please email this form to Martha Villafuerte (martha.villafuerte@ucps.k12.nc.us) or fax to 704-296-3107.

All translation requests should be sent to the ESL Academic Support Center.

Principal's/Supervisor's Signature

Date