



INTERPRETER REQUEST FORM

ESL Student Education Department — Interpreters & Translators Unit
700 E. Stonewall St., Suite 506, Charlotte, NC 28202
 Phone: (980) 343-1359 Fax: (980) 343-1360

Instructions: Please complete all information listed. Complete one form per event per day.
Allow 5 business days to process your request. Once the request is scheduled, you will received confirmation via email.

PLEASE PRINT CLEARLY

Today's Date:		Date for Interpreter:	
School/Office:	Title I <input type="checkbox"/>	Language Requested:	
Address:	Time Requested: AM <input type="checkbox"/> PM <input type="checkbox"/>	Estimated Time for the Appointment :30min <input type="checkbox"/> 2:00 hrs <input type="checkbox"/> 1:30 hrs <input type="checkbox"/> Other _____	
Requested By:		Student's Name:	
Email address:		Assignment Description:	
Phone Number:		Parent's Information:	
Fax:		EC Assignment: Hearing Test <input type="checkbox"/> Educational Testing <input type="checkbox"/> IEP <input type="checkbox"/> Speech Eval <input type="checkbox"/> Pre-K Eval <input type="checkbox"/>	

Please fax your request to the Interpreters/Translators Unit : (980) 343-1360

For Office Use Only:

<i>CMS Interpreters</i>	<i>Choice Translating</i>	<i>Fluent</i>	<i>Gonzalez Diaz Enterprise</i>	<i>Into Spanish</i>	<i>Language Resource Center (CCR)</i>
InterpreterName:	InterpreterName:	InterpreterName:		InterpreterName:	InterpreterName: