

## Translation Department Request for Services Form

School:		Date	à.	
Person Requesting Se	nvices/Position:			
Phone/Ext.:	TVICCO/T COILIOIT.			
Email:				
Please choose if the	services requested a	re for Interpreting or Transla	ting	
		Language:		
Portuguese		Spa	nish	
		Type of Service:		
Interpreting (oral)		Tran	Translation (written)	
Type of Event: Name		Name the document:	e the document:	
Date of event:		Needed by?	Needed by?	
Time of event:		Turnarour •	Turnaround time for translation of documents is as follows:  5 or less pages – within 5 school days	
Will simultaneous translation devices be needed?		•		
Yes	No	<u>*A</u>	*All documents are translated in the order they are received. *	
Comments:				

Once the form is completed, please email it to:

Portuguese: <a href="mailto:translationsportuguese@mps-edu.org">translationsportuguese@mps-edu.org</a> OR

Spanish: translationsspanish@mps-edu.org

Please only include the documents that need to be translated.