

LANGUAGE ACCESS SECTION
TRANSLATION REQUEST FORM

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| PLEASE COMPLETE A SEPARATE FORM FOR EACH DOCUMENT OR FORM THAT YOU ARE SUBMITTING FOR TRANSLATION. PLEASE TYPE OR PRINT CLEARLY | | | SHADED AREA FOR LANGUAGE ACCESS SECTION USE ONLY |
| 1. Name of Person Submitting Request: | | Date Received: | |
| 2. Mailing Address (Number & Street, City, State, Zip) | | | Logged: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Phone: | 4. Fax: | 5. Email Address: | Interpreter: |
| 6. Cabinet/Agency | | | |
| 8. Form/Document Title/Number: | | 9. Target Language: | |
| 10. Date Submitted: | 11. Date Needed: | 12. Type of Translation Needed: <input type="checkbox"/> Complete <input type="checkbox"/> Summary | |
| 13. Priority: <input type="checkbox"/> Urgent: This priority should be indicated when immediate translation is required due to potential impact on clients. <input type="checkbox"/> High: This priority should be indicated for translation of crucial <u>client-related</u> forms/documents. <input type="checkbox"/> Medium: This priority should be indicated for translation of all other standard forms/documents. <input type="checkbox"/> Low: This priority should be indicated for translation to be done as convenient. | | | |
| 14. Additional Information (if any): | | | |