



DOCUMENT TRANSLATION REQUEST

Complete this form to request translation of document(s)

Name: _____ Building: _____

Position: _____ Language: _____
teacher/grade, staff, office staff, etc.

TRANSLATION COMPLETION DATE:

Allow at least 3 business days for the translation to be completed.

Month: _____ Day: _____ Year: _____

TITLE/DESCRIPTION:

Include name of document, what will it be used for, state if the document will be used more than once.

SUBMIT FORM:

Please email this completed form and any documents to be translated to epstranlate@edinaschools.org with the email subject "DOCUMENT TRANSLATION REQUEST".

Due to limitations with editable file types, only the following file types will be accepted for translation requests: .doc, .docx, .txt, .xml, .rtf, .odt

PDF files will not be accepted for translation requests.