

**Yuba City Unified School District Office
Division of Educational Services**

Phone 530-822-5200

Fax No. 671-2454

Interpreting Request Form

PLEASE ALLOW FIVE TO SEVEN WORKING DAYS FOR INTEPRETING REQUESTS

Student Name: _____

Date of Request: _____ Date Needed: _____

Time Starting: _____ Time Ending: _____

Purpose of Meeting: _____

Requested by: _____ Phone: _____ Ext: _____

School of Residency _____

School & Meeting Location: _____

Parent or Guardian needs to be notified: Yes No

If Yes: Parent Name: _____

Parent Phone #: _____

Language Requested: _____

Administrator's approval: _____

Requests for interpreting for the school sites are to be funded by the school or school of residency.

If a cancellation needs to be called in please use the following numbers:

Maria Alcantar: 822-7662 – Work Hours 8:30 am to 12:15 pm Mon-Fri

Navdeep Bains: 822-7665 – Work Hours 8:30 am to 12:15 pm Mon-Fri

District Office: 822-5200 – Work Hours 7:30 am to 5:00 pm Mon-Fri

Office Use Only

Name of Interpreter Assigned: _____

Staff Initials': _____ Date Confirmed: _____

IF CANCELED, BY WHOM: _____ DATE CANCELLED _____

Notes: _____
