

**Auburn School District  
Department of Student Services  
19-20 Interpreter Request  
Form**

Job # _____
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Please email Requests to [interpreters@auburn.wednet.edu](mailto:interpreters@auburn.wednet.edu) (Do not fax request.)

Date Submitted: \_\_\_\_\_

Requested By: \_\_\_\_\_

Office Manager: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ Est. Hours: \_\_\_\_\_

Language (Please check **ONLY ONE**):

Other \_\_\_\_\_

Specify Interpreter (Optional): \_\_\_\_\_

**(Note: Requests should be submitted *at least two weeks* prior for approval)**

Name of Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

Meeting Location (Rm #, Conf. Rm): \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Type of Meeting (Please check **ONLY ONE**):

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you!