



## WRITTEN TRANSLATION REQUEST FORM

Please fill out a separate request **for each** document.

We require **at least 10 days** in advance for all projects. No PDFs.

Additional time may be necessary for documents with specialized/technical terminology.

Send to [liliana.rangel@dcsms.org](mailto:liliana.rangel@dcsms.org) with attached document.

*Documents are subject to review and correction of the English version before being approved for translation.*

Date: \_\_\_\_/\_\_\_\_/2019

**Requested Due Date:** \_\_\_\_/\_\_\_\_/2019

Department or School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the document to be translated: \_\_\_\_\_ # of Pages \_\_\_\_\_

*Original Document*     *Revision to previously translated document (highlight changes, additions or deletions)*

*Document Type:*     *Letter*     *Flyer*     *Handout*     *Brochure*     *Policy*     *Newsletter*  
 *Form*     *Calendar*     *Survey*     *Handbook*     *Other* \_\_\_\_\_

*Document Format:*     *Word*     *Power Point*     *Publisher*     *Excel*  
*(preferred)*

Comments/Special Instructions:

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### TRANSLATOR USE ONLY

Number of Words \_\_\_\_\_ Date

Date Sent: \_\_\_\_/\_\_\_\_/2019

Begun: \_\_\_\_/\_\_\_\_/2019

Sent by: \_\_\_\_\_

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