



ESL / Bilingual Education

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***One Voice ~ One Vision
Equity & Excellence for All***

Translation Request

Date of Request: _____

Requested Language: _____

Translation Needed By: _____
(Please allow 10-12 working days for translations)

Person Requesting Translation: _____

Department / School: _____

Nature of the translation request: _____

*All documents submitted for translation must be approved by
Viodelda Judkins.*

1. Please sent the completed Translation Request form and electronic copy(ies) of the document(s) via email to birgekl@u4sd.org
2. Please allow **10-12 working days for translations to be completed.**
3. Indicate the category of the document(s) that you are submitting for translation and the distribution:

Category:

- District document
- School/departmental document

Distribution:

- District-wide use/distribution
- Site-specific use/distribution

Translation approved: _____
Viodelda Judkins, Director

Translation Completed: _____