

Request for Oral Translator  
Ohio Graduation Tests (OGT)  
2009 Spring Administration  
Languages other than Arabic, Mandarin, Russian, Somali, and Spanish

School contact information

District name _____	District IRN _____
School name _____	School IRN _____
School contact _____ <small>(DRC will contact this person to provide assistance in locating a translator.)</small>	Telephone _____
Title _____	Email address _____
Address 1 _____	Date _____
Address 2 _____	
City _____ State _____	
ZIP Code _____	

Complete one entry for each student who needs an oral translation - Copy this page as needed

Student name _____	Student ID # _____
Subject _____	Student grade _____
	Language _____
PLEASE CHECK ONE	
<input type="checkbox"/> A district/school employee will serve as the oral translator for this student.	
<input type="checkbox"/> The district/school will obtain an oral translator for this student.	
<input type="checkbox"/> The district/school needs DRC to assist in locating an oral translator. <small>(DRC will notify the school contact name provided above to arrange for a translator.)</small>	

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Subject _____	Student grade _____
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Complete this information for your school and return the page(s) to your district test coordinator. DTCs must fax this form to:  
Data Recognition Corporation, toll free at: 1-866-377-1249.