



1301 North MacArthur Boulevard

Springfield, Illinois 62702-2317

Department of Military Affairs
REQUEST FOR LEP SERVICES

DATE OF REQUEST: _____

NAME OF LEP PERSON: _____

PHONE # of LEP PERSON: _____

EMAIL of LEP PERSON: _____

SERVICES REQUIRED (be as detailed as possible):

DEPARTMENT PERSONNEL NAME (name of person taking initial request):

LANGUAGE ACCESS COORDINATION CONFIRMATION:

SEEM contacted: YES NO

Date SEEM Contacted: _____

Method SEEM Contacted for coordination: Phone Email In-Person

SIGNATURE OF LANGUAGE ACCESS COORDINATOR:

Date of completion of services: _____