



**CONFEDERATED TRIBES OF THE
UMATILLA INDIAN RESERVATION**
Department of Education Language Program
Language Information Request

Please be advised the duration of a request will vary with respect to the type of request and work schedule availability. The language program will manage all requests to protect intellectual properties. *Sensitive requests will be handled appropriately.*

Type of Translation Request:

Date of Request: _____

Name/Naming

Place Name

extra space for comments

Phrase

Word(s)

Song

Ceremony

Other

Translation Language:

(check all that apply)

extra space for comments

Umatilla Language

Cayuse Nez Perce Dialect

Walla Walla Language (*culturally sensitive*)

Requestor Information:

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Tribal Affiliation (if any): _____

Department/Program: _____

Contact Information:

Physical Address: Nixyáawii Education Center 46251 Náxš Wínatas, Pendleton OR 97801

Mailing Address: Nixyáawii Governance Center 46411 Timine Way, Pendleton OR 97801

Email Address: language@ctuir.org

Phone Number: (541) 276-8120