Interpreter Request

Please request ASAP, preferably 1-2 weeks in advance.

PLEASE RESPOND TO ALL THAT APPLY.

☐ Student Service Request  ☐ Faculty/Staff/Community Service Request

Applicant Name: __________________________  Today’s Date _____________

Best way to contact me:

☐ Phone___________  ☐ Cell ______________  ☐ Email ______________________

Please check one of the following:

☐ Field Trip  ☐ Seminar  ☐ Meeting  ☐ Class  ☐ Special Event  ☐ Other

Event Name: __________________________  Presenter/Instructor ________________

Course Code: ________________  Class Name: __________________________

Please list the date(s) and time(s) of the event:  ☐ Additional info on back.

Date _____________________________________________________________________

Beg. Time _______  End. Time _______

S M T W R F S

Location: Building_________  Room __________________________

(please include address if off campus.)

Please briefly describe the nature of the information to be presented. Please use the back if needed.

________________________________________________________________________

________________________________________________________________________

If you have any questions or concerns, please contact the Coordinator, Student Disability Services, at 732-6260.

For Office Use Only:  Received by: __________________  Date ________________  Time __________________

CONFIRMED BY: __________________  DATE: ________________  ☐ EMAIL  ☐ CELL