

Interpreter Request

Office 208-732-6260 • • Secure FAX: 208-732-6799

| | 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: | | | | | |
| <u>Best</u> | way to c | contact me: | | | | | | | |
| □ Phone □ Cell | | | | Email | | | | | |
| Please check one of the following: | | | | | | | | | |
| □Fie | ld Trip | □Seminar | □Meeting | □Class | □Sp | ecial Event | ∃Other | | |
| Event Name <u>:</u> | | | | Presenter/ Instructor | | | | | |
| Course Code: | | | Clas | Class Name: | | | | | |
| Please list the date(s) and time(s) of the event: | | | | | | | | | |
| Date | | | — Beg. Ti | ime _ | End. Ti | me | | | |
| | | SMTW | | | | | | | |
| Location: Building | | | Room | (Please inclu | ude addre | ess if off campus.) | | | |
| | | ly describe t he back if ne | | the inform | nation | to be presen | ted. | | |

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

| For Office Use Only: | Received by: | Date | Time |
|----------------------|--------------|------|----------------|
| | | | |
| CONFIRMED BY: | DATE: | | □ EMAIL □ CELL |
| | | | |

College of Southern Idaho + 315 Falls Ave + P.O. Box 1238 + Twin Falls, ID + 83303-1238