

INTERPRETER REQUEST FORM
Office OF Disability Services (ODS)

Date Needed: _____

Today's Date: _____

What is the event? _____

Event Date: _____

Event Time: _____

Event location (be specific): _____

How long will the interpreter be needed? _____

Number of Deaf people attending: _____

Is the event:

- Class requirement
- Academic related
- Health related
- Social
- Other _____

Your name: _____

Phone # _____

Event contact person: _____

Phone # _____

OFFICE USE ONLY

Date received: _____

Assignment filled: Yes No

Department charged: _____

Acct.# _____

Interpreter's used: (circle one) Staff

Freelance

Interpreter's Name: _____

Approved by: _____