



INTERPRETER / REAL-TIME CAPTIONIST SPECIAL REQUEST

Today's Date & Time: _____

Requestor Name: _____

Phone: _____

Email: _____

Best way to contact: Phone Call Text Message Email

Assignment Information

Date: _____

Location: _____

Student(s): _____

Beginning Time: _____

Ending Time: _____

Additional information regarding the assignment that would be helpful: _____

Service(s) Requested

- Sign Language Interpreter
- Real-Time Captionist

Office Use Only

- Request Approved
 - Single Interpreter Authorized
 - Team Interpreter Authorized
- Interpreter(s) Confirmed
Interpreter Name(s): _____
- Information and Confirmation Sent to Interpreter(s)
- Confirmation Sent to Requester

- * **This form is to be used for requests that are outside the regularly scheduled classroom hours.**
- * **Request must be submitted at least 72 hours prior to the time of the activity in order for services to be provided. Approval must be obtained to waive the requirement in extenuating circumstances.**