INTERPRETER REQUEST FORM

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 Event
   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: ___________________________________________