

**CAMPUS REQUEST FOR SIGN LANGUAGE INTERPRETER / RTC**

Submit form to SSD Office within one week of event by online submission, fax, drop off at HML 1202 or **OR** e-mail to the SSD Office at [ssdstaff@csufresno.edu](mailto:ssdstaff@csufresno.edu). A copy will be submitted to Lead Interpreter upon processing.

**Requester's Information**

Requester's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department Name: \_\_\_\_\_

**Event Information**

Service Requested:  Sign Language Interpreter  Real-Time Captionist

User of Services:  Student  Staff  Faculty  Group/Org.  Public Event

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Event Details: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Day(s):  Mon.  Tues.  Wed.  Thur.  Fri.  Sat.  Sun.

**SSD Staff Use Only**

SAM Input Completed By: \_\_\_\_\_ Lead Interpreter Emailed: \_\_\_\_\_

Interpreter(s) Assigned: \_\_\_\_\_ Confirmation Date/Time: \_\_\_\_\_

Interpreter(s) Assigned: \_\_\_\_\_ Confirmation Date/Time: \_\_\_\_\_

Interpreter from SSD, DHHSC, other? \_\_\_\_\_

Request was:  Filled  Cancelled Request Completed by: \_\_\_\_\_