

STUDENT REQUEST FOR SIGN LANGUAGE INTERPRETER / RTC

Student Information

Students Full Name: _____ Date: _____

Primary Phone Number: _____ E-mail: _____

Course / Event Information

Service Requested: Sign Language Interpreter Real-Time Captionist

Name of Course / Event: _____ Location: _____

Course / Event Details:

Date of Course / Event: _____ Start Time: _____ End Time: _____

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

Instructor / Contact Information

Name of Instructor / Contact: _____

Phone Number: _____ E-mail: _____

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? _____

Student / Contact notified? Yes No

Notes: _____

Request was: Filled Unfilled Cancelled

Request Completed by: _____