AVILA UNIVERSITY

☐ **Initial Request**
☐ **Change in Request**
☐ **Cancellation of Request**

DISABILITY SERVICES OFFICE
INTERPRETER REQUEST FORM

Name _____ Today's Date _____

Student _____ Employee _____ Guest / Visitor _____ Other _____

What Day and Date Will You Need the Interpreter? _____

Starting Time for the Interpreter? _____ Ending Time for the Interpreter_____

Location:_____ Building: _____ Room: _____

Event:

___ Class Requirement ___ Extracurricular Activity ___ Student/Advisor Meeting

___ Telephone Call ___ Test ___ Personnel Meeting

___ Tutoring ___ Film ___ Play/Concert/Performance

___ Other Meeting (Specify) _____

___ Other Event (Specify) _____

Event Contact Person: _____ Telephone #: _____

Specify how you wish to communicate with the Interpreter? (e.g. American Sign Language, Transliterating, Oral)

_____

Additional Information or Details:

_____

_____

All requests must be returned to the Disability Services Office (DSO) at least four business days prior to an event (requests submitted after that time will be filled as interpreters are available). Changes and cancellations of requests should be made at least two business days prior to an event. Failure to notify the DSO of a change or cancellation may result in a delay or inability to provide interpreting services.

I acknowledge that before requesting accommodations I have read, understand, and agreed to comply with the policies pertaining to interpreter services of Avila University. I agree to report immediately to the DSO any schedule changes, room changes, or problems that arise.

_____ _____ _____

Student Signature Date Submitted DSO Initials/Time

OFFICE USE ONLY

___ Approved ___ Denied Reason: _____

Interpreter/Service: _____ Phone: _____ Paid: $_____