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: $________

H/Forms/Interpreter Request Form