Services for Students with Disabilities  
California State University, Fresno  
Phone # 559-278-2811, Fax # 278-4214, VP 478-2861

Campus Request for Sign Language Interpreter / Captioner

Requested By: ________________________ Date/Time ___________________

Dept. Name: ______________________________________________________

Contact Name:_______________________ Phone: ______________________

Email: ___________________________________________________________

Event Name: ______________________________________________________

Location: _________________________________________________________

Details re: Event:  __________________________________________________
_________________________________________________________________

Day of Event:    Mon ☐    Tues ☐    Wed ☐    Thur ☐    Fri ☐    Sat ☐    Sun☒

Date of Event:____________________  Time In:________ Time Out:________

Details re: User of Services:  ☐ Staff    ☐ Faculty    ☐ Group    ☐ Open

Instructions: Submit to SSD Office within one week of event by fax, drop off at HML 1202 or OR-email to the SSD office at ssdstaff@csufresno.edu. A copy will be submitted to Lead Interpreter Holly Philpott upon processing.

Services for Students with Disabilities provides interpreting and/or captioning services for students registered with their program for credit bearing courses and required functions. It is the responsibility of the sponsoring organization of any event, program, or activity (other than credit bearing courses for a registered student) to arrange and pay for requested interpreting and/or captioning services for an individual with a disability who requests this service in a timely manner and follows the University procedures for requesting such services. SSD is approved to charge back for these services. Please provide your chartfield information.

SSD Staff Use Only

SAM Input: ________      Lead Emailed: _________ Interpreter Assigned ____________________________

Status: Filled    Cancelled    Request Completed By: ______________________________________