

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.**

Account	Fund	Dept	Program	Class	Project	Split		Actg. Trust Aprv.	
						%	\$ Amt	Initials	Date

SSD Staff Use Only

SAM Input: _____ Lead Emailed: _____ Interpreter Assigned _____

Status: Filled Cancelled Request Completed By: _____