

Department of Communicative Disorders and Deaf Studies

California State University, Fresno
Phone # 559-278-2423, Fax # 278-5187

Campus Request for Sign Language Interpreter

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 CDDS Office within one week of event by fax, drop off at PHS 252 or e-mail to the CDDS office at kabarajas@csufresno.edu.

It is the responsibility of the sponsoring organization of any event, program, or activity, to arrange and pay for requested interpreting services. Please provide your chartfield information.

| Account | Fund | Dept | Program | Class | Project | Split | | Actg. Trust Aprv. | |
|---------|------|------|---------|-------|---------|-------|--------|-------------------|------|
| | | | | | | % | \$ Amt | Initials | Date |
| | | | | | | | | | |
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For further information please refer to the Accessibility Website:

Accessible Event Planning Guide: <http://www.fresnostate.edu/accessibility/event/guide.html>

CDDS Staff Use Only

Zimbra Input: _____ Chair Emailed: _____ Interpreter(s) Assigned _____

Status: Filled _____ Cancelled _____ Request Completed By: _____