

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 upon processing.

It is the responsibility of the sponsoring organization of any event, program, or activity (other than credit bearing courses for a registered SSD student) to arrange and pay for requested interpreting and/or captioning services. Please provide your chartfield information.

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

For further information please refer to the Accessibility Website:
Accessible Event Planning Guide: <http://www.fresnostate.edu/accessibility/event/guide.html>

SSD Staff Use Only

SAM Input: _____ Lead Emailed: _____ Interpreter Assigned _____

Status: Filled Canceled Request Completed By: _____