

**Services for Students with Disabilities**

California State University, Fresno  
Phone # 559-278-2811, Fax # 278-4214, VP 478-2861

**Request for Sign Language Interpreter / RTC**

Requested By: \_\_\_\_\_ Date/Time \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone or Email for Confirmation: \_\_\_\_\_

Course/Event \_\_\_\_\_ Location: \_\_\_\_\_

Details re: Course/Event: \_\_\_\_\_

Instructor/Contact \_\_\_\_\_ PH or Email \_\_\_\_\_

Day of Event: Mon  Tues  Wed  Thur  Fri  Sat  Sun

Date of Event/Activity \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

*Instructions: Drop request off or fax to SSD office.–OR–email to the SSD office at [ssdstaff@csufresno.edu](mailto:ssdstaff@csufresno.edu). A copy will be submitted to the Lead Interpreter upon processing.*

**SSD Staff Use Only**

SAM Input Completed By: \_\_\_\_\_ Lead Interpreter Emailed: \_\_\_\_\_

Interpreter Assigned \_\_\_\_\_ Confirmed date/time \_\_\_\_\_

\_\_\_\_\_ Confirmed date/time \_\_\_\_\_

Interpreter from SSD, DHHSC, other ? \_\_\_\_\_

Student/Contact notified? Y N

Notes \_\_\_\_\_

Request was: (Circle One) Filled Unfilled Cancelled

Request Completed By: \_\_\_\_\_