

CAMPUS REQUEST FOR SIGN LANGUAGE INTERPRETER / RTC

Submit form to SSD Office within one week of event by online submission, fax, drop off at HML 1202 or **OR** e-mail to the SSD Office at ssdstaff@csufresno.edu. A copy will be submitted to Lead Interpreter upon processing.

Requester's Information

Requester's Full Name: _____ Date: _____

Primary Phone Number: _____ E-mail: _____

Department Name: _____

Event Information

Service Requested: Sign Language Interpreter Real-Time Captionist

User of Services: Student Staff Faculty Group/Org. Public Event

Name of Event: _____ Location: _____

Event Details: _____

Date of Event: _____ Start Time: _____ End Time: _____

Day(s): Mon. Tues. Wed. Thur. Fri. Sat. Sun.

SSD Staff Use Only

SAM Input Completed By: _____ Lead Interpreter Emailed: _____

Interpreter(s) Assigned: _____ Confirmation Date/Time: _____

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Interpreter from SSD, DHHSC, other? _____

Request was: Filled Cancelled Request Completed by: _____