

## STUDENT REQUEST FOR SIGN LANGUAGE INTERPRETER / RTC

### Student Information

Students Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Course / Event Information

Service Requested:  Sign Language  Interpreter Real-Time Captionist

Name of Course / Event: \_\_\_\_\_ Location: \_\_\_\_\_

Course / Event Details:

Date of Course / Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

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

### Instructor / Contact Information

Name of Instructor / Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SSD Staff Use Only

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

Interpreter(s) Assigned: \_\_\_\_\_ Confirmation Date/Time: \_\_\_\_\_

Interpreter(s) Assigned: \_\_\_\_\_ Confirmation Date/Time: \_\_\_\_\_

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

Student / Contact notified?  Yes  No

Notes: \_\_\_\_\_

Request was:  Filled  Unfilled  Cancelled

Request Completed by: \_\_\_\_\_