SIGN LANGUAGE INTERPRETING SERVICES REQUEST

Two weeks notice is required for requests for sign-language interpreting service for campus events and activities. Requests for services must be made to DR, not to individual interpreters or agencies. Students requesting services for their classes must provide a copy of their schedule to DR at the time the request is made. Requests for services for classes must be made at least four weeks prior to the first week of classes. Late requests will be filled as soon as interpreters can be secured. Students should be aware that at times sign language interpreters can be difficult to secure, especially for requests without adequate notice.

IMPORTANT: * indicates required field

**Your Information:**

*Name:________________________________________________________

*Todays date:__________________________________________________

CSC ID #:____________________________________________________

*Home Phone / TTY:____________________________________________

Mobile Phone:________________________________________________

*E-mail Address:_______________________________________________

*School Affiliation Event Details:________________________________

_______________________________________________________________

*Date Interpreters Needed:____________________________________

*Start Time:__________ *End Time:______________________________

*Building Location:____________________________________________
*Building Room #: ____________________

*Description of Event:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

*Number of Participants: ______

*Language Preference:
□ ASL □ Signed English □ Combination?
□ Other, please explain: ____________________________________________________

Additional Information: __________________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

**Requester Authorization:**

I hereby authorize the information on this form is accurate to the best of my knowledge.

_________________________________________  __________________________
Signature                                      Date

Send Form To: Colby-Sawyer College Disability Resources, 541 S. Main Street, New London, NH 03257  disabilities@colby-sawyer.edu