□ **Initial Request**
□ **Change in Request**
□ **Cancellation of Request**

Jefferson College

Disability Support Services
Interpreter/Captioning Request Form

Name: _____ Today's Date: _____

□ Student □ Employee □ Guest/ Visitor □ Other __

Date(s) Interpreter/Captioning is requested_____

Starting Time: _____ Ending Time: _____

Location: _____ Building: _____ Room: _____

Event:

___ Class (attach schedule) ___ Extracurricular Activity ___ Student/Advisor Meeting

___ Personnel Meeting ___ Tutoring ___ Play/Concert/Performance

___ Other Meeting or Event (Specify)_____

Event Contact Person: _____ Telephone # (_____)_____

Additional Information or Details:

_____

_____

All requests must be made to Disability Support Services at least three business days prior to an event (requests submitted after that time will be filled as interpreters are available). Changes and cancellations of requests should be made at least two business days prior to an event. Failure to notify Disability Support Services of a change or cancellation may result in a delay or inability to provide interpreting services.

I acknowledge that before requesting interpreting/captioning services I have read, understand, and agree to comply with the policies pertaining to interpreter/captioning services of Jefferson College. I agree to report immediately to Disability Support Services any schedule changes, room changes or problems that arise.

_____ _____ _____

Student Signature Date Submitted DSS Initials/Time

Office Use only

□ Approved □ Denied Reason: _____

Interpreter/Service: _____ Phone: _____ Paid: $_____