



ASL INTERPRETER REQUEST FORM

Please be as thorough as possible when completing this request form to assist us in providing the best interpreting services possible. Every attempt will be made to meet all requests.

Appointment Info	Start Date:	End Date:	Start Time:	End Time:
	One Time	On-Going	Multiple Days	

Requesting Department

Requestor's Name

Requestor's Email

Requestor's Phone Number

Appointment Details:

Please include as much event information as possible including the event name, purpose, expected number of attendees, agenda or schedule, and website links to the event (if possible).

Appointment Location:

Deaf or Hard-of-Hearing Consumer's Name

On-Site Contact Person

Contact's Phone Number

Services Requested

ASL Interpreting

Real-Time Captioning

Tri-Lingual Interpreting

Languages Requested

Specific Interpreter Gender Request (please note that every effort will be made to provide the requested interpreter's gender, but no guarantees can be made):

Yes (Please Specify)

Female

Male

No

Additional Information and Notes:

Please Return Completed Form To:

Deaf Services Coordinator

interpreterservices@csuchico.edu