| □ Initial Request         |
|---------------------------|
| □ Change in Request       |
| ☐ Cancellation of Request |



## Accessibility Resource Office

## Interpreter/Captioning Request

| Name: Today's Date:  |  |   |  |  |
|--|--|---|--|--|
| □ Student  | □ Employee   | □ Guest/ Visitor  | □ Other  |  |
| Date(s) Interpreter/Ca   | aptioning is reque   | ested   |  |  |
| Starting Time:   |  | Ending Time:  |  |  |
| Location:  |  | Building:   | Room:  |  |
| Event:   |  |   |  |  |
| Class (attach schedul  | e)]  | Extracurricular Activity  | Student/Advisor Meeting  |  |
| Personnel Meeting  |  | Tutoring  | Play/Concert/Performance   |  |
| Other Meeting or Ev  | ent (Specify)  |   |  |  |
| Event Contact Person:  |  |   | Telephone # ()   |  |
| Additional Information of  | Details:   |   |  |  |
| (requests submitted after requests should be made Resource Office of a charmal of the requests should be made acknowledge that be and agree to comply the requests submitted after requests should be made acknowledge that be and agree to comply the requests submitted after requests should be made acknowledge. | er that time will be for at least two businessings or cancellation efore requesting it with the policies eport immediately | Tilled as interpreters are availabless days prior to an event. Failumay result in a delay or inabilish interpreting/captioning service pertaining to interpreter/capt | ty to provide interpreting services.  ces I have read, understand, |  |
| Student Signature  | ——————————————————————————————————————   | Date Submitted  | ARO Initials/Time  |  |
| Office Use only  |  |   | <u> </u>   |  |
| ☐ Approved ☐ Denie   | ed Reason: _   |   |  |  |
| Interpreter/Service:   |  | Phone:  | Paid: \$   |  |