City College of San Francisco Disabled Student Programs & Services

INTERPRETER REQUEST FORM

Semester Year____

NAME:	Lact	Firs	<u> </u>	Middle I	n;#;al	
	Lasi					
IMPORTAN		the information re	•	ne space provided. I	Please email form to	
Coordinato informed the reques be retry to fill the timesif we a	unselor will check the r. It is your responsible due to curret conditions at least 3 day assignments Please was signments.	request. If the requirity to check blawing ition caused by rest in advance. Requirity with your closely with your capersor capers.	ess is approve ith DSPS to m emcollearning [juestmade wit our instructor	nake sure the request is DSPS is requesting that h short notice will be s and DSPS to sched	nform the Interpreter is approved. Pleas be ainterpreting/captioning considers and we will led atternative meeting cacting interpreterstakes	
x To rece hearing	loss must be offile.	ces, you must reg	ister with DS	SPS each semester.	Medical verification of reciated(Initials)	
	SS/EVENT nent, field trip, etc.)	DAYS/DATE	TIME	INSTRUCTOR	CAMPUS/ROOM	
1						
2						
3						
4						
5						
Interpreter(s) Requested:			t promise that the in	terpreter you request will be	
Students m	nust com e tle a separa	ite Interpreter Red	quest Form f	orfenædhexam	_(Initials)	
	S permission to infor of hearing student du			hat an interpreter wi	II be providing services to a	
StudentSig	nature:			Date: _		

To be comp	pleted by DSPS cou	nselor:				
InterpreterF	Request: APPROVE	D	NOTAPP	ROVED	-	
Counselo/Signature:				Date:		