INTERPRETER REQUEST FORM
Owens Community College
Disability Services
P.O. Box 10,000
Toledo, OH 43699-1947
Voice: (567) 661-7007
TTY: (567) 661-2626
Fax: (567) 661-7010

To guarantee provision of service, requests should be made not less than three working days in advance of requested date. Assignments longer than one hour may be scheduled with two team interpreters. (Please note: this form is to be used for requests other than classes. For classroom requests, please see “Request for Accommodations” form.)

Date Submitted ________________________

Date(s) interpreting services are needed________________________________________________

Start time ________________________________   End time _______________________________

Location (Bldg. & Rm #) ____________________________________________________________

Site contact person (instructor, supervisor, etc) and phone # ________________________________

Please check one (1) ________ Class                ________ Workshop

__________________________ Meeting

_________ Other__________________________

_________ Activity

Subject/Topic ________________________________

The Consumer(s) Names ____________________________________________

____________________________________________

____________________________________________

Consumers preferred mode(s) of communication is: ________ American Sign Language

_________ Signed English

_________ PSE (ASL in English Grammar)

_________ Oral Interpreting Only

Name of person making request ______________________________________________________

Phone number of person making request _______________________________________________

Please submit forms to Disability Services, Alumni Hall 103.