

INTERPRETER SERVICES REQUEST FORM

Office: (504) 520-7607 Fax: (504) 520-7917

Student:		Term: Fall 20_	Spring 20	_ Summer 20
Id#:Con	ntact #:		Email:	
This form is to request one event or or that happens at the same day/time were meeting, lab, etc.) it is just a recurrence.	ekly and/or month	•	•	
If you have more than one event you each event.	need interpreting	services for, you wi	ill need to subn	nit a request for
All request must be received one (1) vif the request is received less than 5 b after a request is made, you must notice event at (504)520-7607 or disabilityse	usiness days befor fy Office of Disab	re the event. If you oility Services (ODS	need to cancel	the interpreter
(Please check all □ boxes that apply	7):			
Date of Request:	□ Sing	le Event □ Recur	ring Event	
Type of Event : □ Lecture □ Meeting	□ Orientation □ P	rogram and/or Reco	eption □ Comn	nencement
□ Baccalaureate □Tes	sting Weekly Cl	ass □ Other (specif	·y)	
Single Event Information:				
Date Time:	Duration:	Location:		
Recurring Event Information:				
Time: Duration:	Location:		_	
Day: □ Monday □ Tuesday □ Wednes	sday □ Thursday □	□ Friday □ Saturday	√ □ Sunday	
Where and what time will the inter	preter meet you?			
Please be aware that any and all disabsuch. If you have any questions or cort(504)520-7607 or email @ disabilitys	ncerns, please con	tact the Office of D		

Thank you Office of Disability Services