

City College of San Francisco
 Disabled Student Programs & Services
INTERPRETER REQUEST FORM
 Semester _____ Year _____

NAME: _____
Last First Middle Initial

ID#: _____ EMAIL: _____

IMPORTANT: Please fill out all the information requested in the space provided. Bring the form to DSPS or fax to 415-452-5565.

A DSPS counselor will check the request. If the request is approved, the counselor will inform the Interpreter Coordinator. It is your responsibility to check back with DSPS to make sure the request is approved. It is very important to plan ahead. **The office requires seven working days to fill a request.** Requests made with short notice will be considered. Contacting interpreters takes time. We may not be able to get an interpreter. The best way to make sure you have an interpreter is to plan ahead! _____ **(Initials)**

- **To schedule an appointment with a counselor, email deafserv@ccsf.edu.**
- **To receive interpreting services, you must register with DSPS each semester. Medical verification of hearing loss must be on file.**
- **To cancel interpreter request, email deafserv@ccsf.edu. 48 hours would be appreciated. _____ (Initials)**

CLASS/EVENT <small>(appointment, field trip, etc.)</small>	DAYS/DATE	TIME	INSTRUCTOR	CAMPUS/ROOM
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Interpreter(s) Requested: _____

Every attempt will be made to honor your request. We cannot promise that the interpreter you request will be available.

Students must complete a separate Interpreter Request Form for each final exam. _____ **(Initials)**

I give DSPS permission to inform my instructors in advance that an interpreter will be providing services to a Deaf/hard of hearing student during class meetings.

Student Signature: _____ Date: _____

To be completed by DSPS counselor:

Interpreter Request: APPROVED _____ NOT APPROVED _____

Counselor Signature: _____ Date: _____