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)

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<th>CLASS/EVENT (appointment, field trip, etc.)</th>
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<th>TIME</th>
<th>INSTRUCTOR</th>
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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: ________________________

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To be completed by DSPS counselor:

Interpreter Request: APPROVED _____ NOT APPROVED _____

Counselor Signature: ____________________________ Date: ________________________

Revised: 05.24.2010