Interpreting Services Request Form

STUDENT INFORMATION

Name: SUID:

Email Address: Phone: ( ) -

EVENT INFORMATION

Name of Event:

Type of Event: class advisor/professor mtg student activity/mtg athletic event

arts event other, please specify:

- If 'class', provide: Department: (*i.e. History*) Course Number: (*i.e. 101A*)

Event Day(s): Mon Tues Wed Thurs Fri Sat Sun

Event Date:

Start Time: : a.m. p.m. End Time: : a.m. p.m.

Location (*be as specific as possible*):

Room Number (*if applicable*):

Event Format: one-on-one group (≤ 20) lecture other:

Event Duration: one-time on-going

- If 'on-going', provide: Start Date: End Date: OR Quarter:

CONTACT INFORMATION – *Someone other than the student (e.g. class professor, event organizer)*

Event Contact's Name:

Event Contact's Email: Event Contact's Phone: ( ) -

INTERPRETER PREFERENCE

1st Preference: ASL PSE SEE oral real-time captioning

2nd Preference: ASL PSE SEE oral real-time captioning

ADDITIONAL RELEVANT INFORMATION

I, , have read and agree to comply with the terms and conditions in the Stanford University Office of Accessible Education Interpreting Services User Contract.