

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. Please email form to GHDIVHUY#FFVIHGX.

A DSFS 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 DSFS to make sure the request is approved. Please be informed that due to current condition caused by remote learning DSFS is requesting that interpreting/captioning requests be received at least 3 days in advance. Requests made with short notice will be considered and we will try to fill the assignments. Please work closely with your instructors and DSFS to schedule alternative meeting times if we are not able to provide interpreters or captioning for the time requested. Contacting interpreters takes time. Please plan ahead. B B B B B B B B (Initials)

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

CLASS/EVENT (appointment, field trip, etc.)	DAYS/DATE	TIME	INSTRUCTOR	CAMPUS/ROOM
--	-----------	------	------------	-------------

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 final exam _____ (Initials)

I give DSFS 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 DSFS counselor:

Interpreter Request: APPROVED _____ NOT APPROVED _____

Counselor Signature: _____ Date: _____