SIGN LANGUAGE INTERPRETING SERVICES REQUEST FORM

Two weeks notice is required for requests for sign-language interpreting service for campus events and activities. Requests for services must be made to CDR, not to individual interpreters or agencies. Students requesting services for their classes must provide a copy of their schedule to CDR at the time the request is made. Requests for services for classes must be made at least four weeks prior to the first week of classes. Late requests will be filled as soon as interpreters can be secured. Students should be aware that at times sign language interpreters can be difficult to secure, especially for requests without adequate notice.

IMPORTANT: * indicates required field

Your Information:

*Name: ____________________________________________________________________________

*Today's date: _______________________________________________________________________

IIT ID #: ____________________________________________________________________________

*Home Phone / TTY: ___________________________________________________________________

Mobile Phone: _________________________________________________________________________

*E-mail Address: _____________________________________________________________________

*School Affiliation Event Details: _________________________________________________________________________________

____________________________________________________________________________________

*Date Interpreters Needed: _______________________________________________________________________________________

*Start Time: ____________________  *End Time: _____________________

*Building Location: ______________________________________________________________________________________________

*Building Room #: ________________
* Description of Event: _____________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

* Number of Participants: _______

* Language Preference:

☐ ASL  ☐ Signed English  ☐ Combination?

☐ Other, please explain: ___________________________________________________

Additional Information: _____________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Requester Authorization:**

I hereby authorize the information on this form is accurate to the best of my knowledge.

_________________________________________  ______________
Signature                                      Date

Send Form To:
IIT Center for Disability Resources
10 W. 35th Street, Third Floor Chicago, Illinois 60616
Email: disabilities@iit.edu Fax: 312.567.3845