

INTERPRETING AND CAPTIONING REQUEST

**requests must be submitted five (5) business days prior to event*

Name: _____ Panther ID Number: _____

Email: _____ Phone: _____

Activity/Event Name _____

Event Date: _____ Event Start Time: _____

Event End Time: _____

Event contact person: _____

Phone: _____ Email: _____

Event location:

Campus _____ Building: _____ Room No: _____

Address (if off campus): _____

Other information: _____

Accommodation Needed: Sign Language Interpreter Real-time Captioning

The event is: Class requirement Academic related
 Extra-curricular/Social Event Health related
 Other (explain) _____

OFFICE USE ONLY

Date received: _____ Assignment filled: Yes No

Department charged: _____ Acct # _____

Interpreter(s)/Captionist(s) used (select one): Staff Freelance Agency

Interpreter's/Captionist's Name: _____

Notes:

Approved by: _____ Date: _____