UHH – Dept/Program
Sign Interpreter Services Request

Today Date: _______________________________

Your Name and Dept/Program: ________________________________________________

Please make your request at least ten working days in advance.

If you need to cancel, please give us 48 hours notice, when possible.

Return this form to the Event Coordinator listed here: _______________________________

Your Department or Program Information:
Name
Mailing Address
Phone numbers
Email
TTY: (808) 933-3334 - you may use the Disability Services TTY number, if you do not have one.

Event Logistics:

Date of Event: ________________________________________________________________

Type of Event: ________________________________________________________________

Location: ________________________________________________________________

Time: From: ________________ am/ pm   To: ________________ am/ pm

Other Information: (Describe Event – staging and placement of sign interpreter to either stage
left or right of the speaker, sufficient lighting for the interpreters to be seen, multiple activities
during event, any other specific requests made by a deaf patron)

Please make your request at least ten working days in advance.
If you need to cancel, please give us 48 hours notice, when possible.

Return this form to the Event Coordinator listed here: _______________________________

Your Department or Program Information:
Name
Mailing Address
Phone numbers
Email
TTY: (808) 933-3334 - you may use the Disability Services TTY number, if you do not have one.

Disability Services to complete:
Date received: ________________________________
Approved: ________________________________

Interpreter(s) Assigned: ________________________________________________________