

**UHH – Dept/Program
Sign Interpreter Services Request**

Today Date: _____

Your Name and Dept/Program : _____

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: _____