



Disability Services
 6300 Ocean Drive, Unit 5717
 Corpus Christi, Texas 78412-5717
 Office: 361-825-5816 · Fax: 361-825-2536

Interpreting Services Request Form

Corpus Christi Area Council for the Deaf (F: 993-4271 O: 993-1154)

Name:	Date Submitted:
Phone:	Email:
Preferred Interpreter(s)*:	

*Depends on availability and other factors.

To request an interpreter for the upcoming semester of classes, please provide the following information as well as a copy of your Student Detail Schedule for the requested semester:

Semester/Term:	
Date service begins:	Date service ends:

*Please note that the last day of service will be considered the last day of classes; if an interpreter is needed for final exams, please submit an additional Interpreting Services Request Form once the final exam schedule is available

To request an interpreter for any non-regularly scheduled class activities, please provide the following information:

Service date:	Start time:	End time:
Location:		Course #:
Instructor/Event Coordinator:		
Instructor/Coordinator contact info:		
Describe the nature of the request (final exams, appointment with professor, class presentation, field trip, etc.):		

For Director/Assistant Director to complete:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
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[Signature of Director/Assistant Director]

[Date]

For Interpreter/Agency:

<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled	Comments:
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