

City College of San Francisco  
 Disabled Student Programs & Services  
**INTERPRETER REQUEST FORM**  
 Semester \_\_\_\_\_ Year \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

ID#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IMPORTANT: Please fill out all the information requested in the space provided. Please email form to [deafserv@ccsf.edu](mailto:deafserv@ccsf.edu).**

A DSPS counselor will check the request. If the request is approved, the counselor will inform the Interpreter Coordinator. It is your responsibility to check back with DSPS to make sure the request is approved. Please be informed that due to current condition caused by remote learning DSPS is requesting that interpreting/captioning request be **received at least 3 days in advance**. Requests made with short notice will be considered and we will try to fill the assignments. Please work closely with your instructors and DSPS to schedule alternative meeting times if we are not able to provide interpreters or captioning for the time requested. Contacting interpreters takes time. Please plan ahead! \_\_\_\_\_ **(Initials)**

- **To schedule an appointment with a counselor, email [deafserv@ccsf.edu](mailto:deafserv@ccsf.edu).**
- **To receive interpreting services, you must register with DSPS each semester. Medical verification of hearing loss must be on file.**
- **To cancel interpreter request, email [deafserv@ccsf.edu](mailto:deafserv@ccsf.edu). 48 hours would be appreciated. \_\_\_\_\_ **(Initials)****

CLASS/EVENT <small>(appointment, field trip, etc.)</small>	DAYS/DATE	TIME	INSTRUCTOR	CAMPUS/ROOM
---	-----------	------	------------	-------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Interpreter(s) Requested:** \_\_\_\_\_

Every attempt will be made to honor your request. We cannot promise that the interpreter you request will be available.

**Students must complete a separate Interpreter Request Form for each final exam. \_\_\_\_\_ **(Initials)****

I give DSPS permission to inform my instructors in advance that an interpreter will be providing services to a Deaf/hard of hearing student during class meetings.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To be completed by DSPS counselor:**

Interpreter Request: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_