Interpreter Request Form

The following form is to assist Meredith College Disability Services in providing sign language interpreters or cued speech transliterators to individuals who need access to courses, meetings, events or activities at Meredith. In order to provide this service requests must be made at least 3 business days prior to the event. An effort will be made to meet all requests however, requests submitted with less than 3 days notice may not be able to be granted. Please complete the information below and return this form to Disability Services, 919-760-2383 (fax), or disabilityservices@meredith.edu.

If you need to cancel the interpreter after a request is made, you must notify Disability Services in writing 48 hours in advance of the event. If the interpreter is not needed, you may be responsible for any costs incurred by Disability Services.
Name:
________________________________________________________
________________________________________________________
Phone:
________________________________________________________
________________________________________________________
Email:
________________________________________________________
________________________________________________________
Name of event:
________________________________________________________
________________________________________________________
Date of Event:
________________________________________________________
________________________________________________________
Start and Stop Time:  
__________________________________________________________
 _______________________
 Location:  
__________________________________________________________
 _______________________
 Where will the interpreter report? (If different or more specific than location) __________
 __________________________________________________________
 __________________________________________________________
Contact person (if not the same as requestor):  
_________________________________________________________
 Type of interpreting needed:  
__________________________________________________________
  
Office Use
Date Rcvd: _____________  Interpreter(s): __________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________