Office of Disability Rights
Sign Language Request Form

Participant(s)

Name(s):

Email Addresses(s):

Video Phone Number(s):

Phone Number(s):

Role of participant

- o Client
- o General audience
- o Presenter
- o Other _____

Type of Sign language Interpreter request

- o American Sign Language
- o Signed Exact English
- o Pigeoned Signed English
- o Low Vision
- o Tactile Interpreter
- o Certified Deaf Interpreter (Deaf Interpreter that assists with communication for client)

Requestor

Name of Agency:

Person making request

Name:

Cell Phone:

Email:

Onsite Person, if different from person making request

Name:

Cell Phone:

Email:

Event

Title of Event:

Date(s) of event(s):

Time event(s) starts:

Time event(s) ends:

Location(s)

Address(s)

Building number(s)/name(s):

Room number(s)/name(s):

Public transportation

(nearest bus stops or metro stations to event)

Parking

(Parking lot, parking garage, street parking, no parking available, metered, zoned, free parking)

Event Details:

Format of event (Business meeting, training, class room, legal, medical, conference, presentation, speech, PTA meeting, parent teacher's conference, interview, outside event, small group discussion, one on one meeting, interview group meeting, panel discussion, opening session, breakout session):

Will there be VIPs
(Mayor, deputy mayor, agency directors etc)

Material(s) used for event
(Please provide copy of: presentation, speech notes, fliers, event agenda, handouts, list of speakers, website etc.)

Option to add attachments

Information for Interpreters
Event details:
(Is there a specific place where the interpreter should go to or know when they arrive to the location)

Security protocol
(Do interpreters need to be aware of any security measures when attending event)

Attire for event

- Formal
- Professional
- Office Casual
- Casual

Will interpreters be seen on camera?

- Yes
- No