

Interpreter Request

Activities / Organizations

Name _____ Mail Station/Office # _____

Department/Organization _____ Date _____

Phone _____ E-mail _____

I am requesting an interpreter for:

Event _____

Date _____ Time _____

Location _____

This form must be filled out completely 72 hours prior to assignment before your application will be processed.



I understand that this request must be approved by UTD Disability Services.

Requestor

*Kerry Tate
Disability Services Coordinator
University of Texas at Dallas*