STUDENT-INTERPRETING SERVICES REQUEST FORM

Return to: Jerome Thomas
D/HOH Coordinator
Disability Resource Office
Tyler Hall Suite 068
PH: 540-831-1505

Name: ___________________________ Today’s Date: _______________________

VP or Text Phone number ________________________________

Email: ________________________________

Name of Event: ________________________________

Date(s) of Event: ________________________________

Specific Location: ________________________________
(Please include Building name and Room number if applicable)

Time and Duration: ________________________________
(Please include a start time and end time or an approximate length)

On-site Contact person (if known): ________________________________

Other important information regarding this event:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

NOTE: Monday through Friday requests must be submitted 2 business days prior to
the event. Weekend requests must be submitted 5 business days before the event.
Request for plays, concerts, and other on-campus performances must be submitted
10 business days prior to the event. Please see the DRO student handbook for more
detailed information.

OFFICE USE ONLY:

Interpreter(s) Assigned ________________________________

Dept/Banner Billing Code or Funding for payment: ________________________________

Date Request Received: ________________________________

Date request sent out: ________________________________

Copy of PR40 needed: Y   N

Copy of PR 40 Attached: Y   N

Revised September 2014