

Disability Support Services
Jacksonville University
Interpreter Request Form

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY OR YOUR REQUEST MAY NOT BE FULFILLED. PLEASE SUBMIT THIS REQUEST AT LEAST 3 DAYS PRIOR TO THE DATE OF YOUR APPOINTMENT.

Today's Date: _____

Student Name: _____ Student ID#: _____

Phone Number: _____ E-mail: _____

Date of Appointment: _____ Time of Appointment: _____

Place of Appointment: _____

Appointment with Whom: _____

Approximate Duration of Appointment: _____

A G R E E M E N T :

I understand that it is my responsibility to make and attend the above appointment. If anything changes regarding this appointment, I will contact the Disability Support Services office immediately to inform them of the change.

In addition, I understand that every effort will be made to get an interpreter for this appointment, however, if one is not available, the Disability Support Services office will inform me in a reasonable amount of time. At that point, it will be my decision to keep the appointment or reschedule it.

Student's Signature

Interpreter Assigned: _____