



Interpreting/Captioning Request Form (Appointments/Events)

Requests for interpreting/captioning services should be made as early as possible in advance of the need. All requests are subject to availability and must be thoroughly completed so that adequate planning is possible.

Submit the completed form to the Disability Services office (3-103) or [email ssdinterpreting@monroecc.edu](mailto:ssdinterpreting@monroecc.edu)

Personal Information

Name: _____ Phone: _____

MCC ID #: _____ Email: _____

Today's Date: _____

Preferred Communication Mode for Request

Interpreter

Captionist

Type of Event

Tutoring Appointment

Off-campus event required for academic course

Meeting with faculty or staff member

Orientation

Group meeting with classmates

Appointment: _____

Other: _____

Event Information

One-time Event Event Date: _____

Ongoing Event Event Start Date: _____ Event End Date: _____

Specify Day(s) of the Week and Start/End Times

Related Academic Course Name/Number (i.e. ENG 101- English Composition)

Campus and Location

Brighton Campus Building _____ Room _____

Downtown Campus Building _____ Room _____

Applied Technology Center Building _____ Room _____

Economic & Workforce Development Building _____ Room _____

Public Safety Training Facility Building _____ Room _____

Remote/Online (i.e. Zoom) Meeting ID _____ Passcode _____

Meeting Link _____

Preferred Interpreter(s)/Captionist(s): _____

Language Preference: (ASL, Signed English, etc.) _____

By submitting this form, I verify that all information in this request is accurate and will notify the Disability Services office as soon as possible if this request needs to be cancelled.

Disability Services Office

Brighton Campus (3-103), 1000 East Henrietta Road, Rochester, NY 14623

Phone: (585) 292-2140, Fax: (866) 308-6118