



Interpreter Request Form (Appointments/Events)

Requests for interpreting 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 ssdinterpreting@monroecc.edu

Personal Information

Name: _____ Phone: _____

MCC ID #: _____ Email: _____

Today's Date: _____

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

Location: Building/Room Number *(Provide full address if the event is off campus)*

Campus:

Brighton Campus

Economic/Workforce Development

Downtown Campus

Public Safety Training Facility

Applied Technology Center

Preferred Interpreter(s):

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

By submitting this form, I verify that all information in this request is accurate.

I will contact the Disability Services office at least 48 hours in advance 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: 585.292.3867