

# Interpreter and/or Typist Request Form

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  TTY  VP-100  Voice

E-mail: \_\_\_\_\_ Pager: \_\_\_\_\_

Please make a list of all courses you will only need to have the service. Also, check the box that you want to have the kind of service for each class. Please check the box under the "view" if you allow students to see the availability of your classes excluding your name.

I	T	S	O	C	COURSE ID	COURSE TITLE	CLASS DAYS	TIME	BUILDING & ROOM #	SESSION I,II,III,IV,V, or VI	VIEW *

**I = ASL/PSE Interpreter   T = TypeWell Transcriber   S = Stenographer  
O = Oral Interpreter   C = Cued Speech Transliterator**

\* = Allowing students to see the availability of your classes excluding your name. Please inform the advisor for the Deaf and Hard of Hearing if you allow other students to see the classes that other Deaf are enrolled in. If there are personal exceptions, please inform Advisor for the Deaf and Hard of Hearing. (Your decision will be respected and kept in confidential.)

*I verify that the information above is correct and if my schedule changes (including adding, dropping, or auditing a class) I will notify the Advisor for the Deaf and Hard of Hearing as soon as possible. If the Advisor for the Deaf and Hard of Hearing is not in his/her office, please e-mail, page, call him/her to leave a message.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_