

**Student Disability Center
Services for Deaf and Hard of Hearing Students**

ONE TIME REQUEST

Request For: **Captioner** **Interpreter** **Communication Assistant**

Today's Date _____ Date Needed _____

Student _____ Start Time _____ End Time _____

Phone _____ Location _____

Bldg. & Room Number

E-Mail _____

Is this request for one of your classes? **Yes** **No**

If Yes, which class? _____

Please describe the situation: _____

If No, list the sponsoring department or unit: _____

:

If you have any questions, please contact the Disability Specialist for Deaf & Hard of Hearing Students at 752-3184 (voice) or 752-6833 (TTY).