

**The University of Georgia  
Disability Resource Center**

**Interpreter Request Form**

Date Needed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

What is the event? \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event location (be specific): \_\_\_\_\_

How long will the interpreter be needed? \_\_\_\_\_

Is the event: \_\_\_\_\_ Number of Deaf people attending: \_\_\_\_\_

- Class requirement
- Academic related
- Health related
- Social
- Other \_\_\_\_\_

Your name: \_\_\_\_\_ Phone # \_\_\_\_\_

Event contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please return to:  
Coordinator of Interpreter Services, Clark Howell Hall.

\*\*\*\*\*

**OFFICE USE ONLY**

Date received: \_\_\_\_\_ Assignment filled: Yes No

Department charged: \_\_\_\_\_ Acct. # \_\_\_\_\_

Interpreter used: (circle one) Staff Freelance

Interpreter's Name: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Interpreter Coordinator Director