

Office of Interpreting Services
SIGN LANGUAGE INTERPRETER
REQUEST FORM

For Office Use Only

Assigned Interpreters: 1 _____
 Fax Phone Cell/Land Email Scan Date _____ Initial _____

2 _____
 Fax Phone Cell/Land Email Scan Date _____ Initial _____

Today's Date: _____
 Your Name/Title: _____
 Your Phone #: _____ ext _____
 Your Email: _____

When submitting a request, **please fill out the form completely.** You can fax your request to (212/689-3988 Fax). We suggest you call OIS (212-689-4020 V/TTY) to confirm receipt of your request. We STRONGLY encourage you to call our office before scheduling your assignment to find out which date and times staff interpreters are available. PLEASE MAKE COPIES OF THIS FORM FOR FUTURE REQUESTS.

CONFIRMATION: Due to the high number of requests processed by our office, we will only call you if we are UNABLE to fill your request. If you want confirmation, you should call our office several days prior to your appointment.

CANCELLATIONS: If your assignment is cancelled or the location or time changes, please call the office IMMEDIATELY.

REQUEST INFORMATION:

1. Day & Date Interpreter is needed _____ 2. Time of Assignment _____ to _____
Start time Finish time
3. Names of Deaf or Hard of Hearing Attendees and their role (if child, state age): _____
4. Name of Site of request (School or office) _____
5. Site Address _____
Address

Borough Zip Code Room Number (where interpreter should report to)
6. Site Contact Person _____
7. Site Phone Number _____ 8. Site Email Address _____
9. Travel Instructions _____

10. Describe the interpreted assignment (i.e., CSE Review, parent-teacher meeting, staff development, etc.)

<p>FOR OFFICE USE ONLY:</p> <p>Faxed to Bi-L: _____ <small>Date Initials</small></p> <p>Job Cancelled: _____ <small>Date Name of cancellee</small> <input type="checkbox"/> Terps contacted</p>	<p>NOTES TO INTERPRETERS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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