



Interpreting/Captioning Services Request Form

All Service Request forms must be submitted to Disability Services **at least 3 business days** prior to the time the service is needed. Requests can be submitted in person to the Disability Services office, or electronically as an e-mail attachment to: **aliciag@disability.tamu.edu**.

For Student to Fill Out:

Name: _____ **UIN:** _____
Email: _____ **Text Message #:** _____
Course: _____ **Date of Event:** _____
Instructor/Event Coordinator: _____ **Time of Event:** _____
Instructor/Coordinator Phone #: _____ **Duration of Event:** _____
Location (Building/Room or Address): _____

Service(s) Requesting: ASL Interpreting Transliteration Captioning
Describe Event: (review session, special presentation, field trip, etc.): _____

For Office Use Only:

Received	On: _____ (date) at _____ (time) by _____ (staff member)
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
<input type="checkbox"/> Filled By <input type="checkbox"/> Not Filled	Interpreter(s)/Captionist(s): _____ Comments: _____

[Signature of Accommodations Counselor]

[Date]

Information from Interpreter/Agency:

<input type="checkbox"/> Completed <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled	Comments: _____
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