DEAF EDUCATION, VISION & AUDIOLOGY DEPARTMENT:
DISTRICT SIGN LANGUAGE INTERPRETING REQUEST FORM

*All freelance requests filled by BOCES have a 2-hour minimum charge.
*A **minimum of one week's notice** is needed when sending a request. If your request is less than one week away, please call 249-7010.
***48-Hour notice is required for cancellations** to avoid 2-hour minimum charge.

Please email requests to:
ASL_Requests@boces.monroe.edu

(for office use only)
Date Received:_____
JOB#: _____

Interpreter(s):
_____(1)
_____(2)
_____(3)

DISTRICT:_____

DATE OF EVENT:_____ START TIME:_____ END TIME:_____

LOCATION of SERVICE (bldg./addr/rm#/etc.):_____

TITLE or TYPE of EVENT NEEDING INTERPRETING:_____

DESCRIPTION/CONTENT OF EVENT:_____

STUDENT/STAFF FULL NAME:_____

NAME(S) OF ALL THOSE ATTENDING THAT WILL REQUIRE ASL INTERPRETING:

_____

_____

SIGN LANGUAGE SYSTEM PREFERRED: (please circle one) SIGNED ENGLISH ASL PSE

WHAT ADDITIONAL MATERIALS WILL TO BE PROVIDED FOR THE INTERPRETER PRIOR TO THE EVENT?

_____

ANY OTHER INFORMATION:

WHO IS THE CONTACT PERSON FOR THIS EVENT:_____

WHO SHOULD WE NOTIFY WHEN AN INTERPRETER HAS BEEN ASSIGNED?

NAME:_____ PHONE#_____

EMAIL:_____

(PLEASE PRINT)
AUTHORIZED BY _____ ***Signature**_____

Title_____ **Phone#**_____

REFERRAL SERVICE NUMBERS
Interpretek 235-7500 / Sign Language Connection 454-4220 / Keystone Interpreting Solutions 205-8960