

DEAF EDUCATION, VISION & AUDIOLOGY DEPARTMENT:
BOCES 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)

BOCES PROGRAM/DEPARTMENT: _____

BOCES DEPARTMENT BUDGET CODE (for transfer): _____

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: 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