

Interpreter Request Form

Location of Services Being Requested

- Liberty Residential Campus
 Lynchburg, VA

- Virginia
 Out of State (non-Virginia)

Requestor

 Name

 Email

 Phone Number

Are you making this request for yourself or on the behalf of another individual?

If you are requesting for another individual, please provide the name and contact information for that person:

I am a:

- Liberty Residential Student
 Liberty Residential Faculty/Staff
 Liberty University Online Student
 Liberty University Online Faculty/Staff
 State/Government Employee
 Other

Services Requested

 Date

 Start Time

 End Time

 Type of Event

 Details of Event

 Location / Address of Event

 Deaf / H.H. Person

Gender

Will he or she be presenting?

 Deaf / H.H. Person

Gender

Will he or she be presenting?

 Deaf / H.H. Person

Gender

Will he or she be presenting?

 Hearing Person

Gender

Will he or she be presenting?

 Hearing Person

Gender

Will he or she be presenting?

 Hearing Person

Gender

Will he or she be presenting?

On-site Contact Person

Name

Phone Number

Other Services Requested

- FM Unit
- Volunteer Note Taker

Billing Information

Name

Email

Address

City

State

Zip Code

Preferred Mode of Billing

Terms and Conditions

Liberty University is an educational facility in which students are training for excellence in Sign Language interpreting.

- I give permission for an interpreting student to observe and/or interpret for this assignment under supervision of a qualified interpreter. I understand that I am responsible informing all parties involved.
- I would prefer not to have an interpreting student actively interpret at this event, but I give my permission for student observation.
- I would prefer not to have an interpreting student actively interpret or observe at this event.
- I give the Coordinator of Deaf and Hard of Hearing services permission to communicate about my case with the professors, teaching assistants, interpreters, note-takers, and others directly involved with the courses for which I have requested services.

Signature

Date

Office Use Only

R U F/S B F/C P C