



Disability Services

Request an Interpreter

Please fill out the following information to request a Sign Language Interpreter for Century College classes or related activities.

The College will **always** do its best to fill interpreting requests; however, it may be impossible to coordinate interpreters for requests made with *less than 48 hours' notice*.

Additionally, requests made during non-business hours (before 8:00 am and after 5:00 pm Monday-Friday) and weekends may take additional time to fill.

Today's Date: _____

Request for Services (please circle): ASL, English, Tactile, PSE, or an FM System

Other: _____

Requestor's Information:

Last Name: _____ First Name: _____

Phone: _____ E-mail

address: _____

Best Method to Contact You: _____ **Phone** _____ **E-Mail**

Date of Request

Start: _____ mm/dd/yy

End Date: _____ mm/dd/yy

Time Starting: _____ (hh:mm:a/p) Time Ending: _____ (hh:mm:a/p)

Location (please circle): West Campus, East Campus, Science Building, Horticulture Building, or Off-Campus:

Room#: _____

Description of Event/Class:

Any additional information could be helpful:

Please submit your request via E-mail to ed.sapinski@century.edu

Or

Fax your request to 651. 779.5831.