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 access.center@century.edu
Or
Fax your request to 651. 779.5831.