



# Office for Students with Disabilities Interpreting Services Request Form

Student's Name \_\_\_\_\_

Student's E-mail \_\_\_\_\_

Academic Advisor's Name \_\_\_\_\_

Academic Term / Year \_\_\_\_\_

Preferred Sign Mode: **Tactile** **Close Vision**

*Only students accepted for services by the Office for Students with Disabilities at Gallaudet University may apply for services depending on their supporting medical documentation and their established needs for accommodations.*

### Terms and Conditions

- I understand, by obtaining interpreting services, I must inform OSWD and GIS if I plan to miss a class.
- I confirm I am registered for the classes for which I am requesting the interpreting services, and should my schedule change, I will notify OSWD and GIS.
- I understand this accommodation is based on documentation I have provided to OSWD.
- I understand I will receive a confirmation receipt of my request within a week.
- I understand I must notify OSWD if I plan to drop or have dropped my class so this interpreting services request will cease.
- I understand if there are any problems with interpreting services, I will notify OSWD.
- I understand OSWD will work with me to ensure appropriate accommodations are in place as this interpreting services request is being processed.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date