

Disability Services 1727 W. Alabama Ave. Chickasha, OK 73018 (405)574-1326 disabilityservices@usao.edu

INTERPRETER REQUEST FOR UNIVERSITY SPONSORED ACTIVITY

Today's Date:	Date of Event:				
\Box M \Box T \Box W \Box TH \Box F \Box SA \Box SU					
Requestor Name:				Email:	
Event Title:					
Location:	Start Time:			End Time:	
Meeting Time For Interprete	preter: Meeting Locati			ion For Interpreter:	
meeting time for interpreter.			incerning Location For Interpreter.		
Other Comments/Helpful Info:					
For Office Use Only					
Request Filled Event Cancelled No-Show					
Department To Be Billed:			# Of Service Providers Required:		
Service Provider Hour Rat		-	Hours	Travel Time	Cost
Total:					

Please note: Our ability to schedule interpreters relies on receiving a complete request form. Submit your requests for interpreters at least 2 weeks in advance. **Not submitting a request in time may result in an inability to find an interpreter.** Cancellations must be made through Disability Services a minimum of 24 hours in advance. Failure to do so will result in a "no-show" being recorded.