

# ***Nunez Community College Disability Services Office***

---

## **STUDENT REQUEST FOR INTERPRETER/TRANSLITERATOR**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

What day is the interpreter/transliterater needed? \_\_\_\_\_

What is the event? \_\_\_\_\_

\_\_\_\_\_

Time event begins: \_\_\_\_\_ Time event scheduled to end: \_\_\_\_\_

Location: \_\_\_\_\_

Do you have a preference for an interpreter? If so, please list your preferences in order.

\_\_\_\_\_

\_\_\_\_\_

=====

### **FOR OFFICE USE ONLY**

Date request received: \_\_\_\_\_

#### **INTERPRETER CONTACT:**

<b>DATE</b>	<b>NAME/PHONE</b>	<b>RESPONSE</b>

Nunez Community College Disability Services Office

3710 Paris Road ▪ Chalmette, LA 70043

Phone: 504-278-6422 ▪ Fax: 504-278-6487