

DISABILITY SERVICES

University of South Carolina Upstate

Interpreter Request Form

Name: _____ Date: _____

To provide you with an interpreter, please fill out form completely. We need all of the information to ensure the interpreter can schedule the event on their calendar. Please return at least 5 business days before the class/event.

1. Name of class/event:

2. Location of class/event:

3. Date and time of class/event and duration (one time or multiple times):

4. How long is the class/event scheduled (ex. 50 minutes, 2 hours):

5. Professor or organization associated with class/event:

Contact information in case of questions:

Email: _____ Phone: _____

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