

# INTERPRETING/REAL TIME CAPTIONING REQUEST

## NDSU Disability Services

**OFFICE USE ONLY** DS Initials \_\_\_\_\_

Student's name

ID#

Phone

E-mail

Requested for:

Summer

Spring

Fall

School Year

Date requested

Accommodation requested:

RTC

Sign Language Interpreter

Captioning: videos

online class

### DS Office Use Only

(faculty notification captioning)

(faculty notification interpreting)

(faculty notification RTC)

### Student complete this section

Department and Course number	Call #	If Part-term, Start and End dates	Day of Class	Start and Stop time of class	Building & Room #	Instructor	CNS/RTC	Transcript Format	Captionist	Interpreter

**Important:** If you do not receive an email confirmation from Disability Services within 24 hours from the time this request was submitted, please contact Bunnie Johnson Messelt at [bunnie.johnson-messelt@ndsu.edu](mailto:bunnie.johnson-messelt@ndsu.edu) or 701-231-7198.

**OFFICE USE ONLY**

Date textbooks ordered  
Date textbooks returned

Vocab Lists Requested  
Received