**REQUEST FOR OUT OF CLASS INTERPRETING/REAL TIME CAPTIONION AT NDSU**

This form is to be completed by individuals requesting interpreters/real time captioning for out of class activities/functions. These requests should be made as early as possible. NDSU Disability Services will make every attempt to fulfill the desired request. Each individual will be notified as to the status of his/her request.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Requesting: | |  | | Real Time Captioning (RTC) | | | | | | |  | Interpreting | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Requested By: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Requested For: | |  | | Self | |  | Student |  | Faculty | | | |  | | NDSU Staff | |  | | Community Member | |
|  | | | | | | | | | | | | | | | | | | | | |
| Please state how you want to be contacted to confirm your request. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | E-Mail: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Requested Activity/Event: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Description of Activity/Event: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Date of Activity/Event: | | | | |  | | | | | Start Time: | | | | | |  | | End Time: | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Location of Activity/Event: | | | | | |  | | | | | | | | | | | | | | |

**CONFIRMATION OF REQUEST**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This is to notify you that your request for : | | | |  | Real Time Captioning | | |  | Interpreting |
|  | | | | | | | | | |
| will be provided for: | |  | | | | on |  | | |
|  | | | | | | | | | |
| at |  | located at |  | | | | | | |

Please contact NDSU Disability Services 701-231-8463 if you no longer need this service.

|  |  |  |  |
| --- | --- | --- | --- |
| FOR OFFICE USE ONLY | | | |
|  | |  | |
| Name of Interpreter/captionist assigned: | |  | |
|  | | | |
| Phone number: |  | Date of Confirmation: |  |