

DISTRICT SIGN LANGUAGE INTERPRETING REQUEST FORM

*Freelance requests filled by BOCES have a 2-hour minimum charge.

*We would like a **minimum of one week's notice** to fill requests.

*48-Hour Cancellation notice is required.

The Deaf Ed, Vision & Audiology Department
Please email requests to:
ASL_Requests@boces.monroe.edu

(for office use only)

Interpreter:

(1)

(2)

Date Confirmed: _____

Billing: _____

DISTRICT: _____

DATE OF EVENT _____ START TIME(am/pm): _____ END TIME(am/pm): _____

LOCATION of SERVICE (bldg./rm#/etc.) _____

TITLE or TYPE of EVENT NEEDING INTERPRETING _____

DESCRIPTION/CONTENT OF EVENT _____

STUDENT/STAFF NAME _____

NAMES OF ALL PEOPLE ATTENDING THAT WILL REQUIRE SIGN LANGUAGE INTERPRETER:

SIGN LANGUAGE SYSTEM PREFERRED: SIGNED ENGLISH ASL PSE

WILL ADDITIONAL MATERIALS NEED TO BE PROVIDED TO INTERPRETER PRIOR TO EVENT? _____

ANY OTHER INFORMATION _____

WHO SHOULD WE NOTIFY WHEN AN INTERPRETER HAS BEEN ASSIGNED?

NAME _____ PHONE# _____

(PLEASE PRINT)

AUTHORIZED BY _____ Signature _____

Title _____ Phone# _____

ALTERNATE FREELANCE INTERPRETER AGENCY NUMBERS

Interpretek 235-7500 / Sign Language Connection 454-4220 / Keystone Interpreting Solutions 205-8960