



**Disability Support Services**  
JACKSONVILLE UNIVERSITY

**Interpreter Request Form**

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY OR YOUR REQUEST MAY NOT BE FULFILLED. PLEASE  
SUBMIT THIS REQUEST 5 DAYS PRIOR TO THE DATE OF YOUR APPOINTMENT.

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ JU E-mail: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Time of Appointment: \_\_\_\_\_

Location of Appointment: \_\_\_\_\_

Appointment with Whom: \_\_\_\_\_ Approximate Duration of Appointment: \_\_\_\_\_

**A G R E E M E N T:**

I understand that it is my responsibility to make and attend the above appointment. If anything changes regarding this appointment, I will contact the Disability Support Services office immediately to inform them of the change.

In addition, I understand that every effort will be made to get an interpreter for this appointment, however, if one is not available, the Disability Support Services office will inform me in a reasonable amount of time. At that point, it will be my decision to keep the appointment or reschedule it.

\_\_\_\_\_  
Student's Signature

For office use only:

Request Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Interpreter Assigned: \_\_\_\_\_