

American Sign Language (ASL) Interpreter Request Form

Please read and accept the following terms:

1. It is preferred that you please give at least 2 weeks' notice for an Interpreter request.
2. Please give us at least 48 hours to respond to your request.
3. Please establish a Point of Contact (POC) for each department and have the POC submit all requests. This is to avoid multiple requests for the same assignment.

Revised: 04/24/2025

Email of requestor

Requesting organization name

Preferred date Interpreter is needed

Is there an alternate date available for your request in the event that an Interpreter is not available for your preferred date? If so, please select an alternate date.

Expected Start Time

Expected End Time

Is this a recurring meeting?

If yes, how often?

Point of Contact (POC) name

POC phone number

Appointment/Event Type

Description of appointment/event

Deaf/Hard-of-Hearing/DeafBlind Consumer name(s)

Will any individuals who are DeafBlind be in attendance? If yes, how many?

Specific Interpreter Requested/Do Not Send/Specific Interpreter Requirements (i.e. credentials)

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On-site

Location of assignment (street address, city, state, zip code)

Additional details of location (office/suite/building/classroom #)

Virtual

Submit the meeting link or ID/password below

Are there any materials to share with the interpreter? Please email: interpreter@aidb.org