



CALIFORNIA POLYTECHNIC STATE UNIVERSITY
SAN LUIS OBISPO, CA 93407-0205

Disability Resource Center
(805) 756-1395
Fax (805) 756 5451

Interpreter/Transcriber Request Form

Department: _____

Contact Person: _____

Phone Number: _____

Date of Assignment: _____

Start Time: _____

End Time: _____

Assignment Description: _____

Location (Bldg/Room #): _____

Directions: _____

Name of Deaf Client: _____

Name of On-Site Contact: _____

Charge Back Number**: _____

Include fund, dept i.d., program, class

Authorization Approval: _____

Authorized Signature: _____

Phone: _____ FAX #: _____

***must be included*