



## Support Services for Academic Success INTERPRETER REQUEST FORM

Students seeking an interpreter must complete this form after reviewing the Interpreting Services Guidelines and return to the Counseling Department at least **30 days prior** to the start of classes or **TEN (10) business days** prior to the event or meeting. Students receiving services will also need to complete a contract with the Disabilities Services Coordinator. Requests are processed in the order in which they are received.

**Capital Community College  
Counseling Office (Suite 208) / Disabilities Coordinator  
950 Main Street  
Hartford, CT 06103**

### Student Information *(PLEASE PRINT)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Semester Services Needed: \_\_\_\_\_

### Preferred Contact:

Relay Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

### Services Needed For:

- Class
- Tutoring
- Exams
- Campus Event
- Instructor / Advising Meeting

**\*\*\*Fill out dates and times on reverse side.\*\*\***

I acknowledge that before requesting services that I have read, understand and agree to comply with the policies pertaining to interpreter services at Capital Community College. I agree to immediately report any changes to my schedule, attendance or problems that arise to the Disabilities Services Coordinator.

Signature: \_\_\_\_\_ Today's Date (mm/dd/yy): \_\_\_\_\_

**Please Note:** The college will make every effort to schedule interpreting services for the start of classes. Due to the high demand for scheduling interpreters, students are required to request services 30 days in advance to ensure availability. Interpreters for campus events and meetings should be scheduled 2 weeks in advance.

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## CLASSROOM REQUEST (Class Title, Day/Time, Room #)

- Class 1: \_\_\_\_\_
- Class 2: \_\_\_\_\_
- Class 3: \_\_\_\_\_
- Class 4: \_\_\_\_\_
- Class 5: \_\_\_\_\_
- Class 6: \_\_\_\_\_

## EXAM REQUEST

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_  
Class: \_\_\_\_\_

## TUTORING REQUEST - Subject / Day / Time / Tutor Name

Appt. 1: \_\_\_\_\_  
Appt. 2: \_\_\_\_\_  
Appt. 3: \_\_\_\_\_  
Appt. 4: \_\_\_\_\_

## MEETING / APPOINTMENT REQUEST

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_  
Purpose: \_\_\_\_\_

## CAMPUS EVENT REQUEST

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_  
Title / Description: \_\_\_\_\_

### Notice of Nondiscrimination

Capital Community College does not discriminate on the basis of race, color, religious creed, age, gender, gender identity or expression, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the basis of veteran status or criminal record. The following person has been designated to handle inquiries regarding the non-discrimination policies: Rita Kelley, Title IX and Section 504/ADA Coordinator and Affirmative Action Officer, Room 305B, 950 Main Street, Hartford, CT 06103 Tel. (860) 906-5133 E-mail: [rkelly@capitalcc.edu](mailto:rkelly@capitalcc.edu) or Doris Arrington, Title IX and Section 504/ADA Coordinator (Secondary) and Dean of Students, Room 212, 950 Main Street, Hartford, CT 06103 Tel. (860) 906-5086 E-mail: [darrington@capitalcc.edu](mailto:darrington@capitalcc.edu)