



Interpreting Services – Campus Event Request Form

Campus Event: _____

Requestor: _____

Requestor Email: _____ Phone: _____

Date(s) of Event: _____

Time and Duration of Event: _____

Specific Location: _____

Additional Questions

Please Describe your event: _____

Is this event a performance (play, concert, etc.)? _____

Is the event Indoors or Outdoors? _____

On-site contact information Name: _____

Cell Phone: _____

Email: _____

Any other information:

Note: To allow for reasonable and appropriate lead time, requests need to be submitted **at least 10 business days** prior to the needed event.

Submit form to the Coordinator for Deaf and Hard of Hearing Services at CAS@radford.edu or deliver to 325 Russell Hall

For questions or concerns, please call: 540-831-6350

Signature of Requestor: _____

Date: _____

CAS Use Only

After speaking with the coordinator of the event, does this assignment require 1 or 2 interpreters? _____

Date Submitted to Service Provider: _____

Service Work Order Number: _____

Interpreter(s) assigned:

Service Provider:

Company or Individual Contractor name: _____

Contact Information:

Phone number: _____

Email: _____

Who to contact day of the event and how: _____

After securing interpreter(s), does the interpreter(s) have any additional needs?
