

## 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

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Requesting organization name

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Preferred date Interpreter is needed

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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.

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Expected Start Time

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Expected End Time

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Is this a recurring meeting?

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If yes, how often?

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Point of Contact (POC) name

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POC phone number

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Appointment/Event Type

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Description of appointment/event

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

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

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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)

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

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**Virtual**

Submit the meeting link or ID/password below

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Are there any materials to share with the interpreter? Please email: [interpreter@aidb.org](mailto:interpreter@aidb.org)