



## SIGN LANGUAGE INTERPRETER REQUEST FORM

Deaf-Hearing Communication Centre  
630 Fairview Road, Suite 100 • Swarthmore, PA 19081-2335  
(610) 604-0452 V/TTY • (610) 604-0456 FAX • [ird@dhcc.org](mailto:ird@dhcc.org)

Requester/Caller (First Name): _____	Last Name _____
Name of Company or Organization _____	
Phone #/Ext: _____	Email: _____
Deaf Client(s) Name: _____	
Date of Appointment(s): _____	
	Requested Start Time: _____
	Requested End Time: _____
Exact Location of Appointment: _____	
	Department: _____
	Building: _____
	Suite/Floor Number: _____
Additional Location Info: (Security, Parking etc.) _____	
Name of Contact Person (first & last name): _____	
	Phone #/Ext: _____
Reason/Type of Appointment/Meeting: _____	
Other Attendees and their Role: _____	
Requested Interpreter(s): _____	
Additional Information: _____	

Fax Request to DHCC @ 610-604-0456 OR Email request to [ird@dhcc.org](mailto:ird@dhcc.org)