Deaf-Hearing Communication Centre
Communication • Education • Advocacy

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

Requester Information

First Name:_____ Last Name:_____
Phone # / Ext:_____
Email Address:_____
Name of Company or Organization:_____

Deaf Client Information

Name(s)_____
Date of Birth (medical assignments only):_____

Location Information

Name of Business or Practice:_____
Street Address:_____
City, State, Zip:_____
Building:_____
Department:_____
Suite/Floor:_____
Purchase Order / Cost Center # (if applicable):_____
Additional Info (Security, Parking, ect):_____
On-site Contact Person:_____
On-Site Contact Phone # / Ext:_____

Assignment Details

Date interpreter is needed:_____
Requested Start Time:_____
Requested End Time:_____
Reason/Type of Appointment/Meeting:_____
_____
*Will this be recorded and used for promotional material, printed articles and/or video? Will it be shared with other individuals or entities not present during filming? _____
Is the press/media expected to attend? _____
Other Attendees and their Roles:_____

Interpreter Information

Name of requested interpreter(s) (not required):_____

All interpreter requests are scheduled for a two-hour minimum. Additional time is billed in 15-min increments.

Fax Request to DHCC @ 610-604-0456 OR Email Request to IRD@DHCC.ORG