

DSS Initials \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Time Rec'd \_\_\_\_\_

ANTELOPE VALLEY COLLEGE  
Office for Students With Disabilities

**REQUEST FOR INTERPRETING SERVICES**

College-related interpreting services must be requested **at least three (3) business days in advance.**  
We will try to accommodate all requests, but  
**we cannot guarantee interpreter availability on short notice.**

**Instructions:** Please write information in ALL the spaces below. If any spaces are left blank, there may be a delay in making arrangements for services.

**Today's Date** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**Your Contact Information** (TTY or phone number, e-mail address, etc.)  
\_\_\_\_\_

**DATE(S) Interpreter is needed** \_\_\_\_\_

\* If entire semester, check here ( )

**DAY(S) of the week Interpreter is needed** \_\_\_\_\_

\* Monday, Tuesday, etc.

**From** \_\_\_\_\_ am / pm  
(start time)

**To** \_\_\_\_\_ am / pm  
(end time)

**LOCATION / ROOM NUMBER** \_\_\_\_\_

**Description of Assignment** (Examples: Math class, counseling appointment, meeting with instructor, etc. Please include important details or specific needs.)  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use

Action taken / Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_