

Interpreter/Caption Request Form

Delta College
Office of Disability Resources
D-101
Phone: 989-686-9794
Fax: 989-667-2202
E-mail: disabilityresources@delta.edu

Complete the following information if you are in need of a sign language interpreter or real-time captioning for a Delta College class. Submit the form to the Office of Disability Resources.

Name: _____

Email: _____

Student ID Number: _____ Phone Number: _____

Location: Delta Main: Downtown Saginaw: Midland Center:
 Planetarium: Other Information/Room number: _____

Type: Sign Language Interpreter/ Live Person: 3rd Party Remote Interpreting:
 Real Time Captioning/3rd Party Remote Captioning:

Semester: _____ Other Information: _____

List Instructors/Courses below:

Instructor Name	Course & Section
1.	
2.	
3.	
4.	
5.	
6.	

Office of Disability Resources use:

Request received: _____ Completed by: _____ Date completed: _____

Interpreter(s)/Caption contacted/assigned: _____
