



College of the Desert
Disabled Students Programs & Services

REQUEST FOR INTERPRETING SERVICES

Name: _____ Student ID#: _____

Semester/Year: _____ COD Email Address: _____

Class Accommodations:

◆ Course Title & Section Number: _____

Instructor: _____ Room #: _____

Day(s)/Time: _____ Start Date: _____

◆ Course Title & Section Number: _____

Instructor: _____ Room #: _____

Day(s)/Time: _____ Start Date: _____

◆ Course Title & Section Number: _____

Instructor: _____ Room #: _____

Day(s)/Time: _____ Start Date: _____

◆ Course Title & Section Number: _____

Instructor: _____ Room #: _____

Day(s)/Time: _____ Start Date: _____

By signing below, I acknowledge that I have signed and received a copy of the College of the Desert *Interpreting Services Student Guidelines*, that I understand the Guidelines as written, and that I agree to adhere to the Guidelines.

Signature: _____ Date & Time: _____

FOR OFFICE USE ONLY

Received by Staff (Initials and Date): _____

- Request Status: Processing
 Completed
 Logged into Contact Spreadsheet

Staff Signature: _____ Date: _____