



# LAKE WASHINGTON INSTITUTE OF TECHNOLOGY



## Disability Support Services

### ASL Interpreter Request

---

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Student ID \_\_\_\_\_ Email \_\_\_\_\_  
Quarter \_\_\_\_\_ Phone \_\_\_\_\_

---

**EVENT INFORMATION**

Today's Date \_\_\_\_\_  
Event/Course Title \_\_\_\_\_  
Event Date \_\_\_\_\_  
Event Type  Class  Meeting  Workshop/Lecture  
 Other \_\_\_\_\_  
Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
Building and Room Number \_\_\_\_\_  
Name of Instructor/speaker \_\_\_\_\_

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
DSS Representative \_\_\_\_\_ Date \_\_\_\_\_

---

**OFFICE USE ONLY**

*Person Assigned* \_\_\_\_\_

*Date Assigned* \_\_\_\_\_

*Assigned By* \_\_\_\_\_

---

**After completing the form, click 'Submit' in the upper right corner to email it to the DSS Office.  
Otherwise, the form can be printed and submitted in person at the DSS Office in W207.**