

YALE UNIVERSITY
OFFICE FOR EQUAL OPPORTUNITY PROGRAMS
AMERICAN SIGN LANGUAGE INTERPRETER REQUEST FORM

THIS FORM SHOULD BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE SERVICE DATE BELOW.

Name of individual submitting this request: _____

Phone number of individual submitting this request: _____

E-mail address to send confirmation: _____

Name of Deaf or Hard of Hearing Individual if different than above:

Purpose: i.e., interview, meeting, presentation, workshop. Please provide as many details as possible (attach additional page if needed)

Logistical Information:

Service Date: / / Start Time _____ am/pm End Time: _____ am/pm

Location/Building: _____

Address: _____ Floor _____ Room# _____

City/State/Zip: _____

On-site Contact: _____ Phone Number: _____

Please return completed form via fax to: 203-432-7884 or email: equalopportunity@yale.edu or mail to: OEOP 221 Whitney Avenue, 3rd Floor, New Haven, Connecticut, 06511

For questions concerning this form please contact:
Office for Equal Opportunity Programs at Telephone: 203-432-0849
Or Email: equalopportunity@yale.edu

For Office Use Only:

Date Received:

Staff Initials: