CALIFORNIA STATE UNIVERSITY
BAKERSFIELD

Accessibility Resource Center

Student Request for Sign Language Interpreter / RTC

Student Information

Students Full Name: _____ Date: _____

Primary Phone Number: _____ E-mail: _____

Course / Event Information

Service Requested: ☐ Sign Language ☐ Interpreter Real-Time Captionist

Name of Course / Event: _____ Location: _____

Course / Event Details: _____

_____

Date of Course / Event: _____ Start Time: _____ End Time: _____

Day(s): ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat. ☐ Sun.

Instructor / Contact Information

Name of Instructor / Contact: _____

Phone Number: _____ E-mail: _____

ARC Staff Use Only

Interpreter(s) Assigned: _____ Confirmation Date/Time: _____

Interpreter(s) Assigned: _____ Confirmation Date/Time: _____

Student / Contact notified? ☐ Yes ☐ No Lead Interpreter E-mailed: ☐ Yes ☐ No

Notes: _____

_____

Request was: ☐ Filled ☐ Unfilled ☐ Cancelled

Request Completed by: _____

Accessibility Resource Center
California State University, Bakersfield
9001 Stockdale Hwy. • Mail Stop: 56CAF • Bakersfield, CA 93311

661.654.3360 csub.edu/arc/