

**Interpreting Services Request Form  
 NIH Sign Language Interpreting Services  
 Worksite Enrichment Programs Branch, DSS, ORS, NIH**

**REQUESTOR INFORMATION**

Name (last, first, initial)	Today's Date
Organization	Telephone TTY/TDD
Building/Room Number/MSC	FAX
Job Title	

**EVENT INFORMATION**

Name or detailed description of the event				
Start Date	End Date	Starting Time	Ending Time	Total Hours
Event Location		Building Name	Building Number	Room
Event Type (Please circle one):		Event Size (Please circle one):		Duration (Select One):
Meeting		Training	One-on-one	One day (i.e., April 26 at 2 p.m.)
Lecture		Patient Services	Small Group (1-20)	On-going (i.e., every Tuesday)
Conference		Social Luncheon	Large Group (21+)	> One Day (i.e., 4 day course)
Contact Person (if different from Requestor above)			Contact Telephone	

**LANGUAGE PREFERENCE:**      ASL      PSE      Oral      Cued      Tactile      CART

**PREFERRED INTERPRETERS**

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**SPECIAL INSTRUCTIONS**

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**WORKSITE ENRICHMENT PROGRAMS BRANCH USE (Do not write below this line)**

Date Received	Action taken Accepted    Declined    Tentative    Hold	Request Number	Date/Time Confirmed
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