

# Deaf Access Solutions

A division of BayFirst Solutions LLC

## Interpreter Request Form

Fax completed request form to 202-355-6653 or email to [schedule@deafaccess.com](mailto:schedule@deafaccess.com).

Requester: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

On-site contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(at location of actual assignment)

Back-up contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Assignment Location: \_\_\_\_\_ Metro \_\_\_\_\_

Room #: \_\_\_\_\_ Other Location Info: \_\_\_\_\_  
(Entrance on different street, special requirements for entrance to location, etc.)

Dress Code (circle one): Recreation / Casual / Bus. Casual / Business / Bus. Formal / Formal

Deaf Participant(s): \_\_\_\_\_

Language Preference: ASL    PSE    MCE    Sign Supported Speech    Other \_\_\_\_\_

Date	Start/End Time*	Description/Topic (BE AS SPECIFIC AS POSSIBLE PLEASE)
(Ex: 1/2/09)	(1pm - 4pm)	(Staff Meeting to discuss reorganization)

Interpreter preferences (if any): \_\_\_\_\_

In order to ensure coverage for your request, are you flexible with the date and/or time of your request?	Yes	No
Will the interpretation be broadcast or recorded for use at another time?	Yes	No

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

**REMINDER: Three full business days notice required for cancellation of any assignment.**