

Office For Institutional Equity Disability Services

Ohio University
Crewson House
Athens, OH 45701
Phone: 740.593.2620
TTY 740.593.0193
Fax: 740.593.0790

Interpreter/Captionist Request Form

All requests should be made to Disability Services (DS) seven working days prior to request date. DS will attempt to fill all last minute requests but cannot guarantee interpreting/captioning services will be available. Academic related requests will be given highest priority.

Name of person making request: _____

Contact information of person making request:

Local Phone: _____

Email: _____

Date request is being submitted: _____

Date(s) service(s) are needed: _____

Which service are you requesting? Interpreting Real Time Captioning

Start Time: _____ End Time: _____

Location (Building and Room #): _____

Reason for Service: Class Exam/Test
 Meeting Activity
 Tutor Other: _____

Please submit this form to Kappy Fahey at the Crewson House.

ALL CANCELATIONS SHOULD BE MADE 24 HOURS PRIOR TO TIME AND DATE NEEDED.

On-line requests will be confirmed within 24 hours. If you have not received confirmation by phone or email, please contact OIE.