

ALVIN COMMUNITY COLLEGE

Student Accessibility Services

Sign Language Interpreting & Captioning Services Event Form for Students and Guests

I am a (check one): ☐ Student ☐ Guest

Name: _____ ACC ID (if applicable): _____

Phone Number: _____ Email: _____

I am requesting the following services (check one): ☐ Sign Language Interpreter ☐ CART (Captionist)

☐ Select if you are requesting services for the main **ACC Commencement Ceremony at Freedom Field**.

***Only complete the information below, if you are requesting a Sign Language Interpreter or CART services for an event other than the main ACC Commencement Ceremony.**

Campus Event			
Date of Event:		Event Type:	
Start Time:		Location:	
End Time:		Total Time Requested:	
Event Description:			
Special Instructions:			

Please submit requests for services to the Student Accessibility Services (SAS) office at least ten (10) business days prior to the event.

Please notify SAS of any changes or cancellation of a request at least two (2) business days prior to the event.

I understand and agree to comply with these procedures. I agree to immediately report any changes that arise.

Signature

Date