

**COMMUNITY COLLEGE OF PHILADELPHIA  
CENTER ON DISABILITY  
BG-39**

phone: 215-751-8050 | fax: 215-972-6312 | email: cod@ccp.edu

**Interpreter Request Form**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Student Name:** \_\_\_\_\_

**J #:** J \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I am requesting an Interpreter for:

Classes (A copy of your paid roster must be attached to this form. You must schedule an appointment with a Center on Disability Counselor to receive your accommodation forms.)

An appointment (Please complete the information below.)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_\_ to \_\_\_\_\_

**Purpose of Appointment:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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**For Classes:**

If you change your classes after submitting this form, you must complete another request form and attach a copy of your updated paid roster.

If you decide to drop a class, you must inform the Center on Disability immediately.

**For Appointments:**

If you are unable to attend a scheduled appointment, you must inform the Center on Disability immediately.

**I have read the above information and understand the policies and procedures regarding interpreting services.**

**Signature:** \_\_\_\_\_