

SIGN LANGUAGE INTERPRETING REQUEST FORM

OFFICE HOURS

ASL Interpreting (*request reviewed*)
Monday – Friday, 8:00 a.m. – 5:00 p.m.
E-mail: MDOT-TitleVI@Michigan.gov

WHAT TYPE OF INTERPRETING SERVICE ARE YOU REQUESTING?

☐ Video Remote Interpreting (*Online Meeting*) ☐ On Site Interpreting (*In-Person Meeting*)

PERSON REQUESTING SERVICE / POINT OF CONTACT

NAME

PHONE NUMBER

E-MAIL

EVENT

ADDITIONAL POINT OF CONTACT

NAME

PHONE NUMBER

E-MAIL

EVENT

REQUESTOR'S PARTICIPATION ROLE

☐ Participant ☐ Facilitator ☐ Presenter ☐ Other _____

TYPE / LEVEL OF INTERPRETING REQUESTED

MEETING / EVENT INFORMATION

DATE SERVICE REQUIRED

FREQUENCY OF REQUEST

☐ One-Time Event
☐ Reoccurring (*please specify*) _____

START TIME

END TIME

DURATION

ADDITIONAL DETAILS

IN-PERSON MEETING LOCATION

STREET ADDRESS

NAME OF FACILITY / ROOM NUMBER / NAME

ONLINE MEETING INFORMATION

MEETING PLATFORM TYPE

☐ MS Teams ☐ Zoom ☐ Other (*please specify*) _____

CALL-IN NUMBER

☐ Intake ☐ Informational ☐ Interview ☐ Other _____

PASSCODE

WEB MEETING HYPERLINK