**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:**

**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:**