



Atlanta Metropolitan College
1630 Metropolitan Parkway, SW
Atlanta, Georgia 30310

Department of Counseling and Disability Services

INTERPRETER REQUEST

Students should request services 3-4 weeks in advance. Special event requests should be submitted at least 4-6 weeks in advance.

Student/Individual's Name (print) _____

SS# or Student ID # _____

Name of Event _____

Date (s): _____ **Day(s) of the week:** _____

Start Time: _____ **AM/PM** **End Time:** _____ **AM/PM**

Location: _____

Deaf Participant(s): _____

Describe Event: _____

Requestor's Signature

Date

*******FOR DEPARTMENT USE ONLY*******

Date and Time Received: _____

Status/Notes: _____

Interpreter(s)' Name (s): _____

Additional Comments:

Signature of Counselor

Date