



Counseling and Accessibility Services

Applicant/Visitor Request for Interpreting Services

Stevens College of Technology in compliance with ADA provides Interpreting Services on a case by case basis. This service is provided by a community based provider who requires a minimum of two weeks advance notice. Further the provider does not maintain a staff, but contracts with individual interpreters to provide this service for a specific client for specific hours. Thaddeus Stevens College pays for this service at the rate of \$37.00 per hour weekdays and \$43.00 per hour weekends per interpreter. Travel time is an additional fee. The provider requires a 48 hour notice for cancellations. Cancellations after 48 hours and no shows will result in full payment for the scheduled service.

As a result, a written request is required for interpreting services, and **36 hour (3 days) confirmation** prior to the event or the service will be cancelled. Should the client fail to cancel the college will pass the burden of payment on to the client requesting the service. **This request form and the client's signature indicates their understanding of this commitment and the resulting fee should they neglect to cancel prior to the event within the allotted 3 days.**

This request form must be completed and submitted to the Admissions Office **no less than 2 weeks prior** to the event for which services are requested. It is recommended that requests be made as soon as possible. Services are dependent upon availability of interpreters, and the college cannot guarantee that this service will be available if requests are not made in a timely manner.

I am requesting an interpreter for the following event: _____

Day: _____ Date: _____

Time of arrival: _____ Time of departure: _____

Total Hours: _____

Name of person needing service: _____

Address: _____

Contact information: Email: _____

Phone: _____

Client is an applicant:

Yes

No

If No, what is the relationship to the applicant? _____

Date for which cancellation is required (36 hours prior to event date) _____

Staff signature confirming participation:

Name: _____ Date confirmed: _____

I (client name) _____ understand that I am requesting a service that is provided at an additional cost by the college through a 3rd party provider solely for my use. I understand that I am responsible for cancelling this service 3 days prior to the event if I do not plan to attend. I further understand that failing to cancel 3 days prior to the event will result in my accepting full responsibility for the cost of this service. I agree to pay this service fee if I fail to attend, or fail to cancel within the 3-day time frame. My signature below indicates that I have read, understood and agreed to the above conditions related to interpreting service.

Signature of Client Date

Signature of Client's parent, guardian if Client is a minor Date

Confirmation of Service:

Name of Provider: _____

Provider Contact: Name _____ Phone: _____

Email _____

Name(s) of Interpreters Scheduled:

Name: _____ Phone: _____

Name: _____ Phone: _____

Re-confirmation of service 3 days prior to event:

Staff Name Date

Note: Left Phone Message Sent email Spoke to Client