

**To request services, please complete the information below. This form must be received at least 5 working days prior to the event. Services may not be available without sufficient lead time. For additional information or assistance, please call 443.840.5501.**

**Please complete all questions below.**

**Date of request:**

**Request made by:**

**Deaf participant:**

**Communication preference:** (This should be a drop down: American Sign Language (ASL), Other)

**If other is selected above, please indicate your communication preference:**

**Event Information**

**Date:**

**Start time:**

**End time:**

**Campus:**

**Room:**

**Event sponsor/Contact person:**

**Contact phone number and email address:**

**Event details:**

**Please provide 48 hours-notice of any changes/cancellations.**

Submit Box to Generate

(Automatic Email to: Karen Hinton/Marcia McCaskill/Yvette Bunn Jones)