

## Request for Interpreting Services

*Upon completion please fax to 952-922-8150.*

**Spoken Language**

**American Sign Language**

Person Requesting Interpreter: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Nature of the Appointment** (Note: Detailed information is critical to uphold quality of service)

E.g., Parent/Teacher Conferences, Room 102 with Mrs. Hansen

\_\_\_\_\_

LEP First Name: \_\_\_\_\_ LEP Last Name: \_\_\_\_\_

LEP Phone Number: \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_ **Time of Appointment:** \_\_\_\_\_ **AM** **PM**

**Length of Appointment:** \_\_\_\_\_

Department/Building: \_\_\_\_\_

Address of Request: \_\_\_\_\_

Preferred Interpreter: \_\_\_\_\_

Interpreter Gender Preference:      NA      Female      Male

Language Requested: \_\_\_\_\_

Additional Information:

\_\_\_\_\_

Please email [info@intelligeresolutions.com](mailto:info@intelligeresolutions.com) to learn more about scheduling via the online portal!