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**Sign Language Interpreting Request Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mu.edu

Semester/Year of requested services (*Ex: Fall 2020*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Course Number & Section**  *Ex: PSYC 1001-101* | **Day & Time Class Meets**  *(MWF 10:00-10:50)* | **Instructor** | **Class location** |
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**Sign Language Interpretation provides access to spoken word in the classroom. What other access needs do you anticipate?** *Ex: videos posted to D2L or shown in class*

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By signing below, I acknowledge that:

* If this form is submitted to ODS with limited notice, the Office of Disability Services cannot guarantee service, but will do their best to fulfill the request.
* ODS will notify my instructors of my Sign Language Interpretation services.
* I have read the Sign Language Interpretation policy and agree to the terms.

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Signature Date