

**CENTER FOR HEARING & DEAF  
SERVICES REQUEST AN ASL  
INTERPRETER Erie**

Please complete the form below if you would like to request an ASL interpreter. **Please note:** if the date of your request is **less than TWO BUSINESS DAYS** from the date of the assignment (or from the date you will need an interpreter), please complete the form below and **CALL: 814-520-8828** (Erie) to ensure that an interpreter will be assigned.

**Interpreting Services: Request an ASL Interpreter**

- \* Today's Date (mm/dd/yyyy)
- \* Name
- \* Phone
- Fax
- \* Email
- \* Date(s) interpreter needed  
    (mm/dd/yyyy)
- \* Day(s) of the week
- \* Start Time (*please indicate AM or PM*)
- \* Finish Time (*please indicate AM or PM*)
- \* Purpose/Situation

- \* Onsite Contact Name
- \* Onsite Contact Number
- Alternate Contact Name
- Alternate Contact Number
- Notes

- \* Interpreting Location & Directions  
    (Address, including suite #, floor,  
    street, town, zip)

- \* Billing Information - Company Name

- \* Attention

- \* Address

- \* City, State, Zip

- \* Phone

Please email this request to the interpreting department:

Erie office: [dmercerc@hdscenter.org](mailto:dmercerc@hdscenter.org)