

CENTER FOR HEARING & DEAF SERVICES
REQUEST A
SPOKEN LANGUAGE INTERPRETER

Please complete the form below if you would like to request an 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: 412-281-1375** to ensure that an interpreter will be assigned.

Interpreting Services: Request an 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

* Spoken Language Requested(1)

- * 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

(1) Refer to our website for the current list of spoken languages available for interpreting:
www.hdscenter.org Email this request to the PLAN interpreting department: dmasiroff@hdscenter.org;
msarie@hdscenter.org. If you do not receive a confirming receipt of this request within 24 hours please call
412-281-1375.