



Interpreter Request Form

Please copy this form and retain original for future needs:

RETURN THS FORM TO: Email: deafcenter1450@gmail.com or Fax: 228.897.2462

Today's Date: _____

Requesting Agency: _____

On Going Appointments

Appointment Date: _____ Time of Service: _____ Expected Duration: _____

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Appointment Date: _____ Time of Service: _____ Expected Duration: _____

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LOCATION (Where Interpreter will provide services):

Clinic Name : _____

Office Phone Number: _____

Clinic Address: _____

Office Email: _____

Office Fax: _____

Doctor Name: _____

Office Personnel: _____

Purpose for Appointment: _____

Deaf Patients Name: _____

Purchase Order Number: _____

Other Important Information: _____

Authorizing Signature: _____

All Requests MUST have a Signature (Questions? Call 228-897-2280)

Mississippi Senate Bill 2794, July 1, 2005 SS02/R907: No person shall provide interpreting services for consumers who are deaf or hard of hearing for a fee or other remuneration unless the person is registered with the registering authority.

de l'Epee Deaf Center is a Not for Profit 501 C3 organization. We are dependent on prompt payment for services and contributions. Please help us continue to provide for the Deaf and Hard of Hearing by supporting our mission.

Revised: August 15, 2025