



Cancellation Notice

Please copy this form and retain original for future needs

RETURN THIS FORM TO: Email: deafcenter1450@gmail.com or Fax: 228-897-2462

Today's Date: _____ **Time:** _____

Requesting Agency: _____

Original Appointment Date: _____

Original Appointment Time: _____

Cancelled By: _____

Deaf Client's Name: _____

Reason for Cancellation: _____

Has this appointment been rescheduled: ☐ YES ☐ NO

If Yes: Date _____ **Time:** _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Personel: _____

Office Phone: _____

Office Email: _____

Office Fax: _____

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'Epée 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.

CANCELLATION POLICY:

NO CHARGE: At least 2 FULL business day prior scheduled to assignment.

FULL CHARGE: Within 2 FULL business day of scheduled assignment.

- de l'Epée Deaf Center is not responsible for 'No Show' by either hearing or Deaf client.
- de l'Epée Deaf Center reserves the right to discretion regarding cancellation.