



## Interpreter Request Form

Please copy this form and retain original for future needs:

**RETURN THS FORM TO:** Email: [deafcenter1450@gmail.com](mailto:deafcenter1450@gmail.com) or Fax: 228.897.2462

# Non Profit/ Community Service Request Form

Today's Date: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

TIME OF SERVICE: \_\_\_\_\_

EXPECTED DURATION: \_\_\_\_\_

**LOCATION (Where Interpreter will provide services):**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Non Profit Point of Contact: \_\_\_\_\_

Office Personnel: \_\_\_\_\_

Purpose for Appointment: \_\_\_\_\_

Deaf Clients Name: \_\_\_\_\_

Non Profit EIN #: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

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

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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.