



Formal Request for Interpreter or CART

Instructions:

Every Semester use this form to request Sign Language Interpreters or CART (for approved students only) Please fill out form completely and attach a copy of an updated class schedule for the semester you are requesting services. The type of service you will receive will be based on your letter of reasonable accommodation.

Your Name: (Print Clearly) _____ Student ID: _____

Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____	Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____
Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____	Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____
Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____	Course: _____ Days: _____ Times: _____ Location: _____ Service Requested (check one) CART: ___ Interpreter: ___ Comments: _____ _____

By signing below I am indicating that I have read and understood this document and the information I have provided therein is truthful and accurate.

Student Signature: _____ Date: _____

Return digital copy to Cynthia.Suarez@untdallas.edu or UNTDdisability@untdallas.edu(preferred) or deliver in person to:
UNT Dallas Disability Services Office • 7400 University Hills Blvd. Room 204 • Dallas, Texas 75241 •