



Federal Tax ID 26-3011697

# INTERPRETER REQUEST FORM

## Customer Information

Customer Name: \_\_\_\_\_

\*(or RISE ID#)

Requestor: \_\_\_\_\_

\*(First & Last Name)

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

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

## Appointment Information

Appt Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_

Duration: \_\_\_\_\_ hour(s) \_\_\_\_\_ minutes

Recurring?: \_\_\_\_\_ Repeats: \_\_\_\_\_ End Date: \_\_\_\_\_

Days: SU M T W TH F SA

Situation: \_\_\_\_\_

\*(eg. Staff Meeting, College Lecture, etc.)

② Appt Details: \_\_\_\_\_

Consumer(s) Name: \_\_\_\_\_

\*(Name of Deaf person or Spanish speaker)

② Consumer(s) Role: \_\_\_\_\_

\*(eg. Instructor, Presenter, Student, Employee, Patient)

## Site Information

Site Name: \_\_\_\_\_

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

City and Zip Code: \_\_\_\_\_

Building/Room: \_\_\_\_\_

② On-Site Contact: \_\_\_\_\_

\*(Name and Phone Number)

Parking Instructions: \_\_\_\_\_

\*(Cost?)

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

### Language

☐ ASL<sup>②</sup>

☐ Tactile<sup>②</sup>

☐ Trilingual<sup>②</sup>

☐ Spanish<sup>②</sup>

☐ LSM<sup>②</sup>

☐ CDI<sup>②</sup>

### Cert Required

☐ K-12

☐ RID

☐ SC:L

☐ Other

☐ Instructional Signing Aide (ISA)<sup>②</sup>

# of Interpreters: ☐ 1 ☐ 2 \_\_\_ Other  
\*(or ISAs)

Note: For occupational safety reasons, depending on the nature of the job & amount of continuous interpreting, request may require a team of 2 interpreters.

### Requested Interpreter or ISA:

Gender Preference: ☐ M ☐ F ☐ None

Auth / PO / Case# / DOB / MRN

### Dress Code:

☐ Business Casual

☐ Business

☐ Warehouse

☐ Athletic

Other: \_\_\_\_\_

*Southern California's #1 Resource for American Sign Language Services*



951.565.4422 (voice)  
951.335.0064 (fax)  
951.208.6886 (VP)



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