



Request for Interpreter

Office of Disability Services
3 College Drive
Brunswick, GA 31520
Phone: 912.279.5806

This request form must be completed and submitted *at least one week prior* to the beginning of the semester. Please print legibly and sign your name at the bottom of this form.

I, _____, am requesting the services of an interpreter/use of transliterating services for the following schedule of classes:

Class	Instructor	Days	Time	Location

Student's Signature _____ Date _____