



® STUDENT ACCESSIBILITY RESOURCES (SAR)
Interpreter/CART Request Form

Interpreter/CART Request Form

This request form must be filled out completely and submitted at least **48 hours (2 business days)** in advance in order for your request to be processed.

STUDENT CONTACT INFORMATION

Full Name: (required) _____ Today's Date: _____
(Required)

Phone Number: (required) _____

TCC ID#: (required) _____

Email Address: (required) _____@my.tccd.edu

Interpreter:

CART:

Day:(required) _____ Date:(required) _____

Time: (required) Start: _____ End: _____

Describe the course or event: _____
(Required) For example: Advisor meeting, Tutoring

Location: (required) Building: _____ Room: _____

Off-Campus (address): _____

Off-Campus Contact: _____

What other information is helpful for the SAR staff to know in assigning an interpreter(s)?

By submitting this form, I acknowledge that I have read and understand the above, and know this request **MUST** be approved by the Student Accessibility Resources Office upon submission.

Request submitted by SAR staff.

SAR Staff Signature

Date

Date Confirmation received: _____