



SOUTHWESTERN COLLEGE
DISABILITY SUPPORT SERVICES

American Sign Language / Real Time Captioning (RTC) Request Form

Name:

format: Last, First, M

SWC ID

Date

Complete all items for each request to avoid scheduling delays. Incomplete information will not be accepted.

Form section for Class 1 with fields: Class Name/Section, Class Days, Class Start Date, Class End Date, Class Start Time, Class End Time, Room Number, Request Type. Includes an example row.

Form section for Class 2 and Class 3 with fields: Class Name/Section, Class Days, Class Start Date, Class End Date, Class Start Time, Class End Time, Room Number, Request Type.

Form section for Class 4 and Class 5 with fields: Class Name/Section, Class Days, Class Start Date, Class End Date, Class Start Time, Class End Time, Room Number, Request Type.

One time on campus event or appointment service request:

Event or Purpose of Request:

Form section for event request with fields: Date, Location/Room #, Start Time, End Time, Request Type: ASL, RTC.

STUDENT SIGNATURE: \_\_\_\_\_