



# Academic Services Request for Interpreter, CART or Transcription service

## Requestor information

Requestor Name: \_\_\_\_\_ ID: \_\_\_\_\_

Contact information or email: \_\_\_\_\_

### What service are you requesting?

- |  |   |
|--|---|
| <input type="checkbox"/> ASL Interpreting                      | <input type="checkbox"/> Remote CART          |
| <input type="checkbox"/> In-Person CART (Limited Availability) | <input type="checkbox"/> Typewell Services    |
| <input type="checkbox"/> Captioning/Transcription              | <input type="checkbox"/> Other Service: _____ |

Service is required in all courses.

Service is required in these courses: \_\_\_\_\_  
\_\_\_\_\_

## Campus, community or one-time event requests:

Event Date: \_\_\_\_\_ Event start and end time: \_\_\_\_\_

Contact person on-site: \_\_\_\_\_

Contact person phone/email: \_\_\_\_\_

Location (Building/Room Number): \_\_\_\_\_

Description of the event:

*Please submit your request upon registering for classes or with as much advance notice as possible (10 business days in advance is preferred). If you have any changes and cancellations, please send them to your provider and the Learning Access Coordinator at CASE (Center for Academic Success and Enrichment) as soon as possible.*

Send the completed form to [Learningaccess@lewisu.edu](mailto:Learningaccess@lewisu.edu).