

Communication Access Request

Academic Accommodation Center



Requests must be made **at least 3 business days prior** to course start date or event.
Request submitted with less than 3 days **may not be able to be filled**. If you need to
cancel or if you are late, notify us immediately: aac@canyons.edu

Date Requested: _____

Service Requesting: Sign Language interpreter Realtime Captioning
 Assistive Listening Device

Length of request: Ongoing all semester Ongoing short-term One time only

Student Information

Name _____

Student ID _____

Email Address _____

Phone ____ (____) _____

Event or Course Information (check one)

Event or Course Name _____
(e.g. History 1, tutoring, counseling meeting)

Course Section # _____

Professor Name _____

Start Date _____ **End Date** _____

Start Time _____ **End Time** _____

Which day(s)?: Mon Tues Wed Thurs Fri Sat Sun

Location or Link _____

Event Contact Name _____

Event Contact email _____

Where will the interpreter meet you? (If different than the location)

Preferred Interpreter (if available): _____

Return completed form to AAC@canyons.edu

Academic Accommodation Center, College of the Canyons