

# CAPTIONING REQUEST

Today's Date: \_\_\_\_\_

Time: \_\_\_\_\_

Your Name & E-mail: \_\_\_\_\_

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**\*ALL REQUESTS SHOULD BE MADE 48 HOURS OR MORE IN ADVANCE, SO ARRANGEMENTS CAN BE MADE TO TRY TO FIND CAPTIONISTS. COMPLETING THE FORM DOES NOT GUARANTEE A CAPTIONIST WILL BE PROVIDED.**

**Be specific when completing the form!\***

Captionist needed on: \_\_\_\_\_ / \_\_\_\_\_  
Date (mm/d/yy) Day (of the week)

Time: \_\_\_\_\_ to \_\_\_\_\_ Place: \_\_\_\_\_  
Bldg. Rm #

**Describe the Request: (Check One & explain)**

Field Trip  Counselor Appt.  Tutoring  
 Student/Teacher meeting  Club Meeting/Event  Financial Aid

**EXPLAIN ASSIGNMENT/CLASS:** \_\_\_\_\_

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**\*DSPS OFFICE USE ONLY\***

CAPTIONIST ASSIGNED: \_\_\_\_\_