



CAS Interpreting Service

Aging and Disability Services Division

Interpreter Request Form

Today's Date:

Requestor Information

Name:

Phone Number:

Email Address:

State Agency & Program:

Event Information

Date:

Start Time:

AM PM

End Time:

AM PM

Assignment Location (please include suite or room numbers or virtual link):

Event Type:

On-site

Remote

Purpose of Event:

Name of Event Contact Person:

Contact's Phone:

Email:

Name of Deaf or Hard of Hearing Participants (if known):

Any Additional Information for this request:

Please send all meeting materials, PowerPoint presentations or additional meeting information prior to the assignment to: CASInterpreting@adsd.nv.gov

