

SUFFOLK COUNTY COMMUNITY COLLEGE

Agreement for Interpreting Services

Last Name, First Name:	SS# or Student ID#:
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| 1. I understand that I must request interpreting services for my classes at least one month before the beginning of a semester. |
| 2. I understand that I must request interpreting services for on-campus, non-classroom activities at least one week in advance. |
| 3. I understand that it is my responsibility to notify the interpreter if I will not be able to attend a class or scheduled activity. |
| 4. I understand that if I miss a class on two consecutive occasions without giving advance notice to the interpreter, that interpreting services will be automatically suspended. In that event, I understand that in order to resume interpreting services, I must contact the Office of Special Services/Counseling Center as indicated below. |

Ammerman	Eastern	Grant
Assistant Director, Special Services (631) 451-4045 (Phone) (631) 451-4041 (TTY) (631) 451-4473 (Fax)	Disabilities Advisor (631) 548-2524 (Phone) (631) 548-2699 (TTY) (631) 548-3613 (Fax)	Assistant Dean, Counseling Center (631) 851-6250 (Phone) (631) 851-6255 (TTY) (631) 851-6330 (Fax)
disabilityserv-ammr@sunysuffolk.edu	disabilityserv-east@sunysuffolk.edu	disabilityserv-west@sunysuffolk.edu

Signature:	Date:
Disability Services:	Date: