

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. |

	(631) 548-2529 (Fax)	Assistant Dean, Counseling Center (631) 851-6250 (Fax)
<a href="mailto:disabilityserv-ammr@sunysuffolk.edu">disabilityserv-ammr@sunysuffolk.edu</a>	<a href="mailto:disabilityserv-east@sunysuffolk.edu">disabilityserv-east@sunysuffolk.edu</a>	<a href="mailto:disabilityserv-west@sunysuffolk.edu">disabilityserv-west@sunysuffolk.edu</a>

Signature:	Date:
Disability Services:	Date: