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| Last Name, First Name: | SS# or Student ID#: |
|------------------------|---------------------|

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.

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|  |  |  |
|  | (631) 548-2529 (Fax)   | Assistant Dean, Counseling Center<br>(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: |