Sign Language Interpreter Request Form

Fill out the information below to request a sign language interpreter. We ask for a **minimum of 2 weeks**; however, we may be able to provide an interpreter sooner if there is availability. Please provide ***as much contextual information*** as possible to help us assign the most qualified interpreter for the assignment. If you have an immediate need, please email vetbdinfo@vetboard.nv.gov

Name (First/Last):

Email:

Phone Number:

In-Person or Remote Interpreter: ☐ In-Person ☐ Remote

How many deaf participants will be present:

(If different from above, the deaf participant's name, email, and contact information)

Name (First/Last):

Email:

Phone Number:

Please describe the purpose of your request. We would like to understand how we can assist you better. If you have documentation regarding your request, please provide it ahead of time so that we can inform the translator.