



Interpreter Request and Log

Today's Date:

REQUESTER'S INFORMATION

Institution:	
Address:	
Contact Person:	
Telephone:	
Email Address:	

INTERPRETER REQUEST DETAILS

Date of Appointment:	
Time of Appointment:	
Duration / Total Time of Appt:	
Language / Dialect Needed:	
Cost Center #:	
Purpose:	
Location/Room No.:	
Patient / Client Name:	
Provider:	
Provider's Phone Number:	
Preferred Gender of Interpreter:	<input type="checkbox"/> No preference <input type="checkbox"/> Female <input type="checkbox"/> Male

Notes:

ASSIGNED INTERPRETER DETAILS

Interpreter Name:	Date Confirmed:
Start time:	End Time
Provider Name (Print):	Provider Signature:

Language Access Resource Center

Email to: LARC@dupagefederation.org

Or fax to: **630-748-4794**

630-782-7544 (Mon-Fri 8:30 a.m. – 5:00 p.m.)

630-290-7893 (After Hours Emergency Scheduling)