



**The Deaf and
Hard of Hearing
Center**

Interpreter Request Form

Please fill out **completely** and fax to (361) 993-4271.

Appointment Date: _____ Start Time: _____ End Time: _____

Name of Business: _____

Billing Address for Business: _____

Address of Assignment (if different from above): _____

Consumer Name: _____

Requested by (your name): _____

Phone Number (where we can contact you): _____

Site Phone Number (if different from above): _____

Reason for Appointment:

For Questions Contact:

Heather Edwards

Communications & Interpreting Services Director

The Deaf & Hard of Hearing Center

5151 McArdle Road, Corpus Christi, Texas 78411

(361) 993-1154 (v/tty) or (361) 993-4271 (fax)