



## 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:	No preference	Female	Male
Notes:			
ASSIGNED INTERPRETER DETAILS			
Interpreter Name:			Date Confirmed:
Start time:	End Time	Total Time:	
Provider Name (Print):	Provider Signature:		

### Language Access Resource Center

Email to: [LARC@dupagefederation.org](mailto: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)