

Long Beach City College ASL Interpreter & CART Request Form

Event Date: _____ Department/ Requestor Name: _____

Consumer Name: _____ Type of Service Requested: _____

Event Information:

Name of Event : _____ Start Time (AM or PM): _____ End Time (AM or PM): _____

Zoom Link _____

Campus Location & Building : _____ Room Number: _____ Notes: _____

Event Contact Person Name: _____ Event Contact Phone/ Email: _____

Requests are filled based on Interpreter/ CART provider availability; please allow as much time as possible to ensure the appropriate provider can be present for the event. Special events such as plays, field trips, meetings etc., may require up to two weeks advance notice. After completing this form, save and email to Stephanie Bonales at Sbonales@lbcc.edu * account string must be included for processing. *

For Questions related to this form please call (562) 938-4918 or visit our office at the LAC Campus in A1136.