

Request for ASL Interpretation

Fill out and send to Amy Mills at Amy.Mills@dca.nm.gov.

Requester's Name:

Requester's Email:

Requester's Phone Number:

Deaf Participants name(s)?

Date of Activity / Event?

Time of Activity / Event?

Length of Activity / Event?

In-Person or Virtual?

If in-person please provide the following:

Address:

Cross Streets:

If Virtual please provide the following:

Link for Virtual Platform?

Point of Contact (name and number) for the day of the request:

What is the request for?