REQUEST FOR TALK SYSTEM

Complete this form when you need to check-out the Talk System interpreter devices to be used at a school activity or event for which the organizers are providing the interpreter.

Submit to: Elizabeth Trevino, Translator/Interpreter Specialist
Courier: Communications, Building 8, LOL
Email: eltrevin@pasco.k12.fl.us
Phone: Ext. 42245
Fax: Ext. 42716

By borrowing this equipment, you are responsible for its proper use. Please return the equipment in the same condition that it was received.

Name: ____________________________ School/Department: ____________________________ Ext. : __________

Date needed: __________________________ Location of Event: ____________________________________________

Interpreter’s Name: ____________________________ Position: __________________________________________

Date to return the equipment: ______________ Signature: ____________________________ Date: ____________