International Service Center

21 South River Street, Harrisburg, PA 17101 (717) 236-9401 | (717) 236-1523 | Fax: (717) 236-3821 Website: <u>www.isc76.org</u>

Request for Interpretation Service

Date of Request:	
Requested by:	1 50 2 7 7 7
Agency/Company:	
Address:	
Telephone:	Ext:
Fax:	TOP
Email:	
Please provide the necessary information	tion to request an interpreter. If the client speaks more than
one language, please let us know.	
Language Requested:	
Alternative Language:	
Appointment Date:	Time-Duration:
Alternative Date/Time:	
(If applicable)	
Service Requested:	\square In-Person \square Virtual \square Over the Phone
	Please select all the methods that are acceptable to you.
Meeting Address:	
(If applicable)	
Client's Name:	
Meeting Nature:	
Contact Point:	
Phone Number:	
Please provide us with your billing information:	

PLEASE SEND THIS FORM TO languagebank@isc76.org or FAX TO (717) 236-3821