

**My name is** \_\_\_\_\_.  
**I am deaf or hard of hearing.**  
**My language is** \_\_\_\_\_.  
**To talk with me, please use:**  
 **Interpreter**  **CART**  **Assistive Listening Device**  
 **Writing**  **Speechreading.**  
*(Please check off or point to the method you would like to use.)*

*For staff: Please make arrangements to provide the requested assistance. Contact your Language Access Coordinator to arrange for ASL interpreters & your ADA Coordinator for other types of assistance.*



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