

Frank Edelblut
Commissioner of Education



Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
VOCATIONAL REHABILITATION
PROGRAM FOR THE DEAF AND HARD OF HEARING
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WAIVER REQUEST TO USE A NON-LICENSED INTERPRETER

Date: _____

Name: _____

Address: _____

Email Address: _____

Telephone Number: VP _____ V _____ FAX _____

Type of situation and date of assignment: _____

Why is a licensed interpreter not being used? : _____

Name of non-licensed interpreter: _____

Is the non-licensed interpreter certified or licensed in another state? If so, which state? _____

BY SIGNING THIS FORM I REALIZE I AM GIVING UP ALL RIGHTS UNDER RSA 326-I:14. I UNDERSTAND THAT I CANNOT FILE A COMPLAINT AGAINST THIS NON-LICENSED INTERPRETER THROUGH THE NH INTERPRETER LICENSURE BOARD.

*Signature: _____ Date: _____

* Must be 18 years old or older. If under 18 years old must be signed by parent/guardian.
** For more information, see Interpreter Licensing Board administrative rules INT 301.01 at http://www.education.nh.gov/career/vocational/deaf_hh_interp_lic_bd.htm