

Frank Edelblut
Commissioner of Education



Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
VOCATIONAL REHABILITATION
OFFICE FOR DEAF AND HARD OF HEARING SERVICES
21 South Fruit Street, Suite 20
Concord, NH 03301
Fax: (603) 271-7095
Email: Beth.A.Keller@doe.nh.gov
VP: (603) 463-0728 OR VP: (603) 290-5003

WAIVER REQUEST TO USE A NON-LICENSED INTERPRETER

Date: _____

Requestor's Name: _____

Address: _____

Email Address: _____

Telephone Number: VP _____ V _____ FAX _____

Date of assignment: _____ Type of situation _____

Location (on-site, Zoom, or MS Teams, etc.) _____

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 AM AWARE 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.

Requestor's Signature: _____

* Must be 18 years old or older. If under 18 years old must be signed by parent/guardian.

Signature: _____ Date: _____

Statewide Coordinator for the Deaf and Hard of Hearing

For more information, see Interpreter Licensing Board administrative rules INT 301.01 at https://www.gencourt.state.nh.us/rules/state_agencies/int100-500.html