

**KATHY HOCHUL**  
Governor

## Waiver of Rights to Free Interpretation Services

New York State policy is to offer Limited English Proficient (LEP\*) individuals with free interpretation services when accessing state services. If you have been identified (or self-identified) as an LEP individual by the agency and wish to waive your right to free interpretation services, you need to complete this form.

**Name of Limited English Proficient (LEP) Individual (or authorized representative)**

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*Check all that apply*

- I have been told that I have the right to free interpretation services
- I understand that I can have the services of a free interpreter
- I choose NOT to use the services of a free interpreter at this time, and will instead
- Communicate in English
  - Use my own interpreter (*Must be at least 18 years old*). **Please note that for certain services, you may not be allowed to provide an interpreter of your choice.**

Name of Interpreter: \_\_\_\_\_

Relationship to the LEP individual: \_\_\_\_\_

Other: \_\_\_\_\_

- I understand that I can change my mind at any time and accept the services of a free interpreter

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**Signature of LEP Individual (or Authorized Representative)**

**Date**

**FOR AGENCY USE ONLY**

Name of Employee: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**