



**WAIVER OF INTERPRETER SERVICES
FOR OFFICIAL COUNTY BUSINESS**

OFFICE USE ONLY
Date Received: _____
Department: _____
Date: Original, Signed Form Submitted to LEP Administrator: _____
Copy Retained in Department's File

(Form must be signed each time interpreter services are waived.)

I, _____ (Client's name) have been told of my right under federal law to have certified interpretation services from Centre County Government in my native language. I understand that these services will be provided at no cost to me.

- I do not need interpreter services at this time.
- I am choosing to provide my own interpreter at this time. The name of my interpreter is _____
_____. To the best of my knowledge, this person is 18 years old or over.

- I understand that friends and family members may not have multi-language skills and know the words needed to interpret information completely and accurately.
- I understand that by using friends or family members as my interpreters, confidential information may be made known to my friends and family members.
- I understand that I can end ("revoke") this waiver at any time and be able to use the services of an interpreter provided by Centre County Government at no cost.
- I understand that this waiver does not give permission for any interpreter to act as my representative.

This form was sight translated for me and I understand it.

Limited English Proficient or Deaf/Hard of Hearing Individual/Surrogate/Responsible Party

Client Signature _____ Date _____

Interpreter's Signature _____

Relationship of Interpreter to Client _____

Staff Member's Signature _____ Date _____

This section for future use:

I choose to end ("revoke") this waiver.

Client Signature _____ Date _____