Sign Language Interpreter & Transliterator State Registration Act

Revocation of the Request to Use a Non-Registered Interpreter / Transliterator

Date _____

Requestor (person who is deaf, deafblind, or hard of hearing)

  Name _____

  Address _____

  Email _____

  Phone _____ telephone   videophone   TTY   (circle one)

Interpreter (attach business card, if possible)

  Name _____

  Address _____

  Email _____

  Phone _____ telephone   videophone   TTY   (circle one)

I hereby wish to revoke (cancel) any outstanding request(s) I have previously signed to allow the above-mentioned non-registered interpreter to facilitate communication for me.

I understand that if I want to voluntarily request and accept the above-mentioned interpreter to facilitate communication for me, in the future, I will need to sign a "Request to Use a Non-Registered Interpreter" form. In turn, it will nullify this revocation.

I understand incomplete or inaccurate information may result in ODHH's inability to complete my request.

Department of Labor & Industry | Office f/t Deaf & Hard of Hearing | 1521 North 6th St. | Harrisburg, PA 17102
717-783-4912 v/tty | 717-831-1928 videophone | 800-233-3008 v/tty (in PA only) | 717-783-4913 fax | www.dli.state.pa.us/odhh

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This revocation (cancellation) is effective immediately at the time of my signature and date on this statement.

_____   _____   _____
Signature (person who is deaf, deaf blind or hard of hearing)   Print   Date

_____   _____   _____
Parent / Guardian of a minor (17 years old or younger)   Print   Date

_____   _____   _____
Interpreter / Transliterator   Print   Date

_____   _____   _____
Witness   Print   Date

To complete the process:

- The requestor will keep the original completed revocation form.

- The requestor will send a copy of the signed "Request to Use a Non-Registered Interpreter" form and a signed copy of this "Revocation of the Request to Use a Non-Registered Interpreter" form to ODHH.

Send forms to:	ODHH
	1521 North 6th Street
	Harrisburg, PA 17102
Fax to:	717-783-4913
Email to:	**odhh@pa.gov**

- Upon receipt, ODHH will send a letter to the requestor and the interpreter.

Questions:
If you have questions regarding the Sign Language Interpreter & Transliterator State Registration Act, contact ODHH at **odhh@pa.gov** or 717-783-4912v/tty or 717-831-1928 videophone

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Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

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