



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



REQUEST TO EXTEND INTERIM SIGN LANGUAGE INTERPRETER APPROVAL

EDUCATOR EFFECTIVENESS DEPARTMENT

DIRECTIONS: Please print or type the information requested and sign. Return this completed form to the address above. You can also email your form and required documentation to licensureforms@isbe.net.

APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)	IEIN	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	EMAIL	

25.550(a)(4)

If the applicant is unable to provide evidence of meeting one of the criteria set forth in subsection (a)(2), a one-time, interim approval shall be granted if each of the following conditions are met. The interim approval is valid until June 30 following two years of the approval being issued; except that until September 30, 2021, any holder of an interim approval that is expiring on June 30, 2021, may request from the State Board of Education a two-year extension of the approval, on a form specified by the State Board and made available on its website. The provisions of this subsection (a)(4) shall not apply to individuals who held initial approval issued prior to June 30, 2013.

As applicant

- I do hereby affirm that the above information is true, accurate, and complete.
- I am requesting to extend my license for two years pursuant to emergency rules field by the Illinois State Board of Education on July 9, 2021.

Name
Signature
Date