**Bilingual Access Form**

NYS Department of Agriculture and Markets
10B Airline Drive, Albany, NY 12205
Phone: (518) 457-3216 Fax: (518) 457-8852
Email: humanres@agriculture.ny.gov

**Bilingual Access Policy**

Under the New York State Department of Agriculture and Markets’ bilingual access policy, anyone who calls or visits the agency is entitled to receive access to services in their preferred language. This includes translation services, language interpretation services, and other supports to communicate effectively.

1. **Interpreter Request Form**

   - **First Name:** __________________
   - **Last Name:** __________________
   - **Position:** __________________
   - **Date:** __________

   **Describe the situation:**

   - **Language Spoken:** __________________
   - **Language Required:** __________________
   - **Reason for Assistance:** __________________

   **Additional Comments:** __________________________________________

2. **Additional Information**

   **Date:** __________

3. **Customer Service Request**

   **Date:** __________

4. **Follow-Up Request**

   **Date:** __________

5. **Resolution**

   **Date:** __________

**Translation of Consent**

I hereby consent to the translation of this form into ______________ language.