

TEACHER CERTIFICATION RECOMMENDATION AUTHORIZATION FORM

By completing and signing this form I am authorizing SUNY New Paltz to submit recommendations for Teacher Certification to the New York State Education Department's Office of Teaching Initiatives, after I have completed one of SUNY New Paltz's New York State Approved Teacher Education Program.

2) Name and Address:

Last Name First Name MI

Permanent Address

City State Zip Code Email Address

Home Phone # Cell Phone # Work /Day Phone

3) Program and Degree for Certificate Requested:

Program Concentration Degree

4) Authorization

I hereby authorize the release of my Name, Social Security Number, Date of Birth, and appropriate Program Code, Award Code, Certification Type, Certification Code necessary for recommending me for certification to the New York State Education Department's Office of Teaching Initiatives through the TEACH System. I understand the TEACH system is managed and maintained by the New York State Education Department and SUNY New Paltz has no control over its operation.

Print Name (will act as signature)

SUNY New Paltz ID#

PLEASE ALLOW AT LEAST 60 DAYS AFTER THE DEGREE DATE FOR RECORDS TO BE FINALIZED AND THE RECOMMENDATION TO BE SENT TO NYSED.

Office use Only: Projected graduation date: _____
Date of Graduation: _____ Major: _____ Degree type: _____ Cert Code: _____
Certification type: _____ Certification title: _____
SAVE: _____ Child Abuse: _____ Processed: _____