

**TEACHER CERTIFICATION RECOMMENDATION
AUTHORIZATION FORM**

By completing and signing this form, I am authorizing SUNY Potsdam 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 Potsdam's New York State Approved Teacher Education Programs.

1) Potsdam ID Number: P _ _ _ _ _

2) SSN# or SIN # _____

3) NAME & ADDRESS

LAST NAME

FIRST NAME

MI

PERMANENT ADDRESS

APT. #

CITY

STATE

ZIP/POSTAL CODE

TELEPHONE

WORK/DAY TELEPHONE

4) AUTHORIZATION

I hereby authorize the release of my name, social security and/or social insurance number, date of birth, appropriate program code, certificate type and certificate code necessary for recommending me for certification of the New York State Education Department's (NYSED) 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 that SUNY Potsdam has no control over its operation.

STUDENT'S SIGNATURE

DATE

Please allow 30 - 60 days after the "degree awarded date" for your record to be finalized and for your recommendations to be sent electronically to NYSED.

Please mail or fax this completed form to the office below:

SUNY Potsdam

The Center for School Partnerships and Teacher Certification

111 Satterlee Hall

Potsdam, NY 13676

Fax: (315)267-3327