

**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  
Office of Field Experiences and Teacher Certification  
111 Satterlee Hall  
Potsdam, NY 13676  
Fax: (315)267-3327

