

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

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|------------------|-------------------|-----------|
| LAST NAME | FIRST NAME | MI |
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|--------------------------|---------------|
| PERMANENT ADDRESS | APT. # |
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| | | |
|-------------|--------------|------------------------|
| CITY | STATE | ZIP/POSTAL CODE |
|-------------|--------------|------------------------|

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|------------------|---------------------------|
| TELEPHONE | WORK/DAY TELEPHONE |
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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.

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|----------------------------|-------------|
| STUDENT'S SIGNATURE | DATE |
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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

Center for School Partnerships and Teacher Certification

111 Satterlee Hall

Potsdam, NY 13676

Fax: (315)267-3327