

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

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. I understand I must successfully complete a New York State approved program at the State University of New York at New Paltz and all appropriate New York State certification mandates leading to graduation and certification. I have completed one of SUNY New Paltz's New York State Approved Teacher Education Programs.

Last Name First MI

Permanent Address Apt. No. E-mail

City State Zip Code Telephone Number ()

Program and Degree for Certificate Requested

Program Concentration Degree

I hereby authorize the release of my Name, Social Security Number, Date of Birth, and appropriate Program Code, Award Code, Certification Title, 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.

Please refer to the following link for further information www.newpaltz.edu/schoolofed/certification.html