



TEACHER CERTIFICATION RECOMMENDATION AUTHORIZATION FORM

By completing and signing this form I am authorizing SUNY Cortland 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 Cortland's New York State Approved Teacher Education Program.

1) Cortland ID Number: **C 0 0** _____

2) NAME & ADDRESS

LAST NAME FIRST NAME MI

PERMANENT ADDRESS APT. #

CITY STATE ZIP

TELEPHONE WORK/DAY TELEPHONE

E-Mail (Upon receipt of this form, a "Student Information Sheet" regarding TEACH will be E-Mailed to you)

3) AUTHORIZATION

I hereby authorize the release of my Name, Social Security Number, Date of Birth, and appropriate Program Code, Award Code, Certificate Type, and Certificate 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 Cortland has no control over its operation.

STUDENT'S SIGNATURE DATE

**Please allow 30 – 60 days after the degree date for records to be finalized
and the recommendations to be sent to NYSED.**

Please mail or fax this completed form to:

Graduate Studies Office
SUNY Cortland
P.O. Box 2000
Cortland, NY 13045
Fax: (607) 753-5988

Please keep a copy of this form for your records.

This is **NOT** an application for teacher certification. To apply for certification you must apply on-line by going to: <http://ohe32.nysed.gov/tcert/teach/>