TEACH Authorization Form

(Former Title: "Teacher Certification Recommendation Authorization Form")

SUNY Cortland Registrar's Office

By completing and signing this form, SUNY Cortland will submit recommendation(s) for Teacher Certification to the New York State Education Department's Office of Teaching Initiatives, after completing one of SUNY Cortland's New York State Approved Teacher Education Programs.

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

Graduate students will receive the "Student Information Sheet" regarding TEACH via e-mail.

Level: ☐ Undergraduate ☐ Graduate **Degree/Certificate**:_____ (ex: BS, MSED, MST) **Program/Major**: _____ (ex: EDC_EST, IEC_HUM,, ABI, SBL_SDL)

Cortland ID: C00_____ **Graduation Term:** ☐ Fall ☐ Spring ☐ Summer _____

Name and Address

LAST NAME | FIRST NAME | MI

PERMANENT ADDRESS | APT. #

CITY | STATE | ZIP

HOME/EVENING TELEPHONE | WORK/DAY TELEPHONE

EMAIL ADDRESS

Authorization

I hereby authorize the release of my name, social security number, date of birth, and appropriate program 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 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, email or fax this completed form IMMEDIATELY to the Registrar's Office (contact information below).

Miller Building, Room 223 • P.O. Box 2000 • Cortland, NY 13045-0900
Phone: (607) 753-4702 • Fax: (607) 753-2959 • E-mail: registrar@cortland.edu