



Registrar's Office
Phone: (607) 753-4702 Fax: (607) 753-2959

State University of New York College at Cortland
PO Box 2000 Cortland, New York 13045

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 Programs.

1) CORTLAND ID NUMBER: C 0 0 _____

2) NAME & ADDRESS

LAST NAME	FIRST NAME	MI
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PERMANENT ADDRESS	APT. #
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CITY	STATE	ZIP
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TELEPHONE	WORK/DAY TELEPHONE
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E-Mail (Once this form is received, you will receive a "Student Information Sheet" regarding TEACH via E-Mail)

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

Graduate Students, please mail or fax this completed form IMMEDIATELY to:

Registrar's Office
SUNY Cortland
P.O. Box 2000
Cortland, NY 13045
Fax: (607) 753-2959

This is **NOT** an application for teacher certification nor an application to graduate. To apply for certification you must apply on-line by going to: <http://ohe32.nysed.gov/tcert/teach/>