

New York State Certification Recommendation Authorization Form

By completing and signing this form I am authorizing the School of Education at Syracuse University to submit a recommendation for teacher/personnel certification to the New York State Dept. of Education upon the completion of a Syracuse University program leading to recommendation for certification.

Last Name _____ First Name _____ Email _____

Street Address _____

City, State, Zip Code _____

Social Security Number _____ Phone Number _____

Major _____ Graduation Date _____

I am requesting Initial (first time certification) in _____

I am requesting Professional (masters & 3 yrs. employment) in _____

I am requesting Provisional (MS school counseling) Permanent (CAS school counseling)

Student Teaching/Internship Placements

School Name _____ Grade _____ Semester/Year _____

School Name _____ Grade _____ Semester/Year _____

Authorization

I authorize the School of Education at Syracuse University to release my social security number, award title, program name, certificate title/type and degree date to recommend me for certification to the New York State Department of Education (TEACH). I understand that I must apply for my teaching certification online through the TEACH Online Services system.

Signature _____ Date _____

PLEASE APPLY FOR YOUR CERTIFICATION BEFORE YOU RETURN THIS FORM TO:

Brenda Hoefler-Kline
Syracuse University
School of Education Career Services Office
111 Waverly Avenue, Suite 230
Syracuse, NY 13244

For Office Use Only

Degree Awarded _____ Program _____ Graduation Date _____

Date of Online Recommendation _____ Initial _____ Professional _____ Prov _____ Perm _____

Name of Recommended Certification(s) _____

*** This form is required in order to receive an institutional recommendation from Syracuse University***