

# 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\*\*\*