

# New York 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. Candidates are encouraged to submit requests for initial and provisional recommendations within 5 years of their degree award date. Candidates are encouraged to submit requests for professional and permanent recommendations within 8 years of their initial/provisional certificate issuance date. Requests outside of these parameters will be granted on a case by case basis and will be contingent on changes in program title, program codes or NYSED regulations. Should NYSED regulations change before a request is submitted, the candidate will be held to the new standard and will then have to apply for certifications via "Individual Evaluation" or "Certificate Progression" pathways.

Last Name \_\_\_\_\_ Maiden Name (If Applicable) \_\_\_\_\_ First Name \_\_\_\_\_

Primary Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

SUID or DoB \_\_\_\_\_ Phone Number \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

I am requesting \_\_\_\_\_ Initial (first time certification) in \_\_\_\_\_

I am requesting \_\_\_\_\_ Professional (Master & 3 years employment) in \_\_\_\_\_

I am requesting \_\_\_\_\_ Provisional (MS) \_\_\_\_\_ Permanent (CAS) in \_\_\_\_\_

I am requesting \_\_\_\_\_ Internship (Ed Leadership or LMS) in \_\_\_\_\_

## 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 Service system.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Eveny D. Parker  
Syracuse University  
Office of Academic and Student Services  
111 Waverly Avenue, Suite 230  
Syracuse, NY 13244  
[edparker@syr.edu](mailto:edparker@syr.edu)

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## For Office Use Only

Degree Awarded \_\_\_\_\_ Program \_\_\_\_\_

Graduation Date \_\_\_\_\_ Date of Online Recommendation \_\_\_\_\_ Initial \_\_\_\_\_ Prof \_\_\_\_\_ Prov \_\_\_\_\_ Perm \_\_\_\_\_ Intern \_\_\_\_\_

Recommended Certification(s) \_\_\_\_\_