

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 _____

SU ID (preferred) or Date of Birth _____ 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)

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 Services system.

Signature _____ Date _____

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

SOE Career Services and Certification

Syracuse University

School of Education Office of Academic and Student Services

111 Waverly Avenue, Suite 230

Syracuse, NY 13244

soecareer@syr.edu

For Office Use Only

Degree Awarded _____ Program _____ Graduation Date _____

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

Recommended Certification(s) _____