

New York State Professional Certificate Recommendation Authorization – for Past Program Completers

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 _____

Syr U NetID _____ Primary Non-Syr Email Address Used _____

Street Address _____

City, State, Zip Code _____

SU ID (if known) _____ Date of Birth _____ Phone _____

Major _____ Graduation Date _____

Requested Recommendation and Attestations:

_____ I am requesting Professional certification in _____

_____ My Initial certificate expires on: _____

_____ I have applied and paid for my NYS teaching certificate through TEACH on-line services.

Authorization

I authorize the School of Education at Syracuse University to release my social security number, date of birth, award title, program name, certificate title/type and degree date to recommend me for certification to the New York State Department of Education (TEACH).

Signature _____ Date _____

PLEASE APPLY FOR YOUR CERTIFICATE AND VERIFY THAT YOUR DEGREE HAS POSTED BEFORE YOU RETURN THIS FORM. RETURN YOUR COMPLETED SIGNED FORM TO SOECAREER@SYR.EDU

For Office Use Only

Degree Awarded _____ Program _____ Graduation Date _____

Date of Recommendation _____ Recommended Certificates _____