

# 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 \_\_\_ Internship Certificate in \_\_\_\_\_

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

I am requesting \_\_\_ Professional certification in \_\_\_\_\_

My Initial Certificate expires on: \_\_\_\_\_

## Internship Site

School Name \_\_\_\_\_ Position \_\_\_\_\_ Start Date \_\_\_\_\_

## 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:

Bobbi Latimer  
Syracuse University  
School of Education Office of Academic and Student Services  
111 Waverly Avenue, Suite 230  
Syracuse, NY 13244  
[BJLatime@syr.edu](mailto:BJLatime@syr.edu)

## For Office Use Only

Degree Awarded \_\_\_\_\_ Program \_\_\_\_\_ Graduation Date \_\_\_\_\_

Date of Online Recommendation \_\_\_\_\_ Internship \_\_\_\_\_ Initial \_\_\_\_\_ Professional \_\_\_\_\_

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