

**Authorization to Release Information for Submission of
Teacher Certification Recommendation**
(Must be submitted with Degree Application)

Name: _____
Please Print

Social Security Number: _____ - _____ - _____ Telephone Number: (_____) - _____ - _____

Major: _____ Anticipated Graduation Date: _____

I am _____ an undergraduate student (Please sign and date below)

I am _____ a graduate student (Please fill out the following information)

Please attach a copy of your current teaching certificate(s) to this form and list below:

Current Certificate(s) Held: _____
Certification Area/Type/Expiration Date (**Attach a copy of Certificate**)
(i.e. Childhood Education 1-6, initial 08/31/10)

Certification Area/Type/Expiration Date (**Attach a copy of Certificate**)

Please also list the certification(s) you intend to receive upon completion of your Master's Degree:

Title/Type (i.e. Childhood Education 1-6, professional)

Title/Type

Title/Type

I authorize SUNY Fredonia to release my academic record to the Division of Teacher Certification of the New York State Education Department (TEACH). I am aware that my academic record includes items such as my social security number and my date of birth.

It is my understanding that this is information required of every individual who completes a program of teacher preparation and wants to be recommended for certification by SUNY Fredonia to the New York State Education Department.

I understand that I must apply for my teaching certification(s) online at TEACH Online Services.

Signature: _____ Date: _____

Please return this waiver to: Registrar's Office
Reed Library
SUNY Fredonia
Fredonia, NY 14063