**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:\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include concentration and extension if applicable.) (Same date as on your degree application)

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

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

Please print out and attach the page from TEACH Online Services that verifies the issuance of your certificate/s.

**List current certificate(s) held**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Type/Expiration Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Type/Expiration Date**

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.**

If you are not requesting a recommendation from SUNY Fredonia at this time or any time in the future please check here and sign below.

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

Please return this waiver to: Registrar’s Office

Reed Library

SUNY Fredonia

Fredonia NY 14063 (Revised 12/17/12 NAH/jml)