



BUFFALO STATE

The State University of New York

STUDENT RELEASE OF RECORDS

(ONLY for verification of completion of approved teacher preparation programs at SUNY Buffalo State)

Buffalo State College
Teacher Certification Office, Chase Hall, Room 222
1300 Elmwood Avenue, Buffalo NY 14222

Student Name _____ Maiden Name: _____

Banner ID: _____ Social Security Number: _____ - _____ - _____

Phone: _____ Email: _____

Attended Buffalo State College: from: _____ to: _____

Agency Requesting Records: _____

I hereby acknowledge that the above agency is seeking verification of my academic records pertaining to the completion of an approved teacher preparation program at Buffalo State College and/or my New York State Teacher Certification status. I hereby give the Buffalo State College Teacher Certification Office my approval for the release of this information to the above listed agency.

Student Signature: _____ Date: _____

*Please provide stamped envelope, addressed with the appropriate address to which the completed form(s) may be sent.