



BUFFALO STATE

The State University of New York

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

<http://teachercertification.buffalostate.edu/>

Release Authorization For Teacher Certification Recommendation

Please complete and return this form to the Teacher Certification Office

I authorize Buffalo State College to release my academic record to the Office of Teaching Initiatives (OTI) at the New York State Education Department (NYSED) TEACH Online Services system. I understand that authorization will necessitate the use of my Social Security Number.

I recognize that this information is required of all individuals who have completed a registered teacher preparation program required by the New York State Education Department and who want to be recommended for certification through Buffalo State College "Pathway: Approved Teacher Preparation Program."

Should I decide not to give authorization to Buffalo State College to use my Social Security Number, I understand it will be my responsibility to apply directly to the New York State Education Department at the Office of Teaching Initiatives through "Pathway: Individual Evaluation."

Name: _____ SSN: _____ - _____ - _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

Anticipated Program Completion Date (Semester and Year): _____

Degree (circle one): Bachelor Master Post Baccalaureate Certificate of Advanced Study Cert. Only CWBL

Signature: _____ Date: _____

Please note, an **original inked signature** is required on this form. Electronic copies are not acceptable.

Program requirements, including Seminar requirements, are subject to change any time and without notice

For Office Use Only:

BSC program: _____ Extension: _____

Program Code: _____ CTE Only: Trade: _____

Date of completion: _____ Seminars: _____

MSED - MM - BSED - BS - BM - BFA - PBC - CAS - Cert

Initials: _____