



SUNY OSWEGO
TEACHER CERTIFICATION AUTHORIZATION FORM

The New York State Education Department (NYSED) has implemented an online teacher certification process (TEACH) for students and certification officers at SUNY Oswego to use to apply for and recommend teacher certifications.

You may apply using the TEACH system now. However, please allow 30 days after your graduation from SUNY Oswego for your records to be finalized and a recommendation to be submitted.

SUNY Oswego ID# _____

Social Security # _____ Telephone Number _____

Student Name _____

(former names) _____

Permanent Address _____

(For ALL students - As indicated on the TEACH website:)

Subject Area for Certification: _____

Grade Level: _____

Title: _____

PERMANENT/PROFESSIONAL CERTIFICATES ONLY: Please list number of years, & where, of FULL-TIME PAID TEACHING EXPERIENCE ONLY (If applicable) _____

I hereby authorize SUNY Oswego to release my academic record to the New York State Education Department for the purpose of teacher certification. The academic record may contain items such as Name, Social Security Number, Date of Birth, Program Code, Award Code, etc.

Student Signature _____

Date _____

Mail or Fax this completed form to:

SUNY Oswego

Dept of Vocational Teacher Preparation

307 Park Hall, Oswego, NY 13126

Fax: 315-312-3062 VTP STUDENTS ONLY

This form is for Vocational Teacher Preparation Students/Graduates ONLY.

Updated 2/2/10 SSJ

OFFICE USE ONLY

Form with fields for Certificate Code/Title, Degree, Graduation Date, Certificate Type, and Years Work Experience.