

## Information Release & Certification Recommendation Authorization Form

Name: \_\_\_\_\_ ID# \_\_\_\_\_

I understand that the documents that I am asked to provide for student teaching placement could be shared with the cooperating teacher, my student teaching supervisor, the principal of my placement schools, the Human Relations (HR) Office of my host school districts, and the New York State Education Department. I am aware that my academic record includes items such as, my social security number and date of birth.

Forms that may be included, but are not limited to:

- Information Sheet
- Resume
- Transcript or Degree Works Sheet
- Autobiography
- College Discipline Record
- Finger Print Clearance Information
- Academic Record Release to the Division of the New York State Education Dept.

It is my understanding that this information is required of all individuals who have completed a program of preparation required by the State Education Department and want to be recommended by the College at Oneonta for Certification.

If I do not consent to this release, I understand that the College at Oneonta will NOT be able to recommend me for certification and that I will need to apply to the State Education Department for an individual review of my credentials. Applying without the College's recommendation will require an additional processing fee, individual transcript review, and may take additional time for processing.

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