

RELEASE AUTHORIZATION FOR TEACHER
CERTIFICATION RECOMMENDATION

Name: _____ ID # _____

I authorize the College at Oneonta to release my academic record to the Division of Teacher Certification of 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.

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.

SIGNED: _____ DATE: _____