



Release Authorization for Certification Recommendation

**Complete and return this form to the Office of Student Teaching & Certification.
Recommendations to New York State cannot be made without this authorization form.**

I authorize Medaille College to release my academic record to New York State Education Department (NYSED) through the TEACH Online Service system. I understand that Medaille College will need to use my Social Security Number (Social Insurance Number) to enter the college recommendation into the system. I understand that it is my responsibility to follow through with the application to TEACH Online Services as well as meeting any state certification requirements.

Last Name _____ **First Name** _____

Address _____

Phone Number _____ **Email Address** _____

Social Security/Social Insurance Number _____

Medaille Student ID _____ **Anticipated Graduation Date** _____
month/year

Check the Intended Program of Completion:

- BSED Early Childhood/Childhood (B-6)
- BSED Adolescent Biology with SWD
- BSED Adolescent English with SWD
- BSED Adolescent Math with SWD
- BSED Adolescent Social Studies with SWD

- Advanced Certificate Literacy B-6
- Advanced Certificate Literacy 5-12
- Advanced Certificate Students with Disabilities 1-6
- Advanced Certificate Students with Disabilities 7-12

- MSED Elementary Education
- MSED Adolescent Biology
- MSED Adolescent Chemistry
- MSED Adolescent English
- MSED Adolescent French
- MSED Adolescent Mathematics
- MSED Adolescent Social Studies
- MSED Literacy B-6
- MSED Literacy 5-12
- MSED Students with Disabilities 1-6
- MSED Students with Disabilities 7-12

Signature _____ **Date** _____