



DESIGNATION OF AUTHORIZED REPRESENTATIVES FOR THE TEACH ONLINE SERVICES SYSTEM (08/11)

www.highered.nysed.gov/tcert

MAIL TO:
Office of Teaching Initiatives
ATTN: TEACH ACCOUNT
89 Washington Ave, Rm 5N
Albany, NY 12234

Instructions

- This form may only be used by New York State College/Universities with Approved Teacher Preparation Programs, School Districts, Charter Schools, BOCES, and Non-Public or Private Schools.
- Non-Public or Private Schools must also complete the OSPRA 106 form before TEACH access will be considered. Please see the OSPRA 106 form for detailed information.
- If the completed form is approved by the Office of Teaching Initiatives, the TEACH Login and Access information will be sent to each representative's email address identified in section 3.
- Only the chief executive officer, dean, superintendent, chief school officer, director, or equivalent may complete this form.

SECTION 1

Print School Name:

OFFICE USE ONLY

SEDREF CODE:
8000000

TEACH
ENTITLEMENT:

Requesting Institution Official

First Name:

Last Name:

Intuition Type

- College/University School District BOCES Charter School Non Public/Private

SECTION 2

- I am requesting that the individual(s) identified below be given access to the Office of Teaching Initiatives TEACH computer system.
 1. _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)
 2. _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)
 3. _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)
- I certify that the individual(s) identified above have the authority to access TEACH and enter transactions on behalf of the above named institution.
- I have verified the identity of each individual and affirm that information provided is true and correct.
- I will inform the Office of Teaching Initiatives if any of the above named individuals no longer have the authority to enter transactions on TEACH on behalf of the above named institution .

Print Name

Signature

Date

Title

Email Address

Work Phone

SECTION 3 - ADD AUTHORIZED REPRESENTATIVE AND AFFIRMATION

REPRESENTATIVE 1 :

First Name:		LAST Name:
Business Street Address:		Email Address:
City:	Zip Code:	Work Phone:

As a TEACH user, designated by my school, I agree that (CHECK (✓) BOTH) :

- I will only use the NYSED TEACH Computer System in the course of my employment by the above named school to carry out my official duties. I will only access individual records and will not download or reproduce data from the TEACH System. I will not share my TEACH username or password with anyone.
- I will obtain the permission of each prospective or current employee and/or student before accessing his/her record in TEACH. I agree not to disclose to any unauthorized or third party any information obtained in the course of using the TEACH System.

Signature of User 1

Date

REPRESENTATIVE 2 :

First Name:		LAST Name:
Business Street Address:		Email Address:
City:	Zip Code:	Work Phone:

As a TEACH user, designated by my school, I agree that (CHECK (✓) BOTH) :

- I will only use the NYSED TEACH Computer System in the course of my employment by the above named school to carry out my official duties. I will only access individual records and will not download or reproduce data from the TEACH System. I will not share my TEACH username or password with anyone.
- I will obtain the permission of each prospective or current employee and/or student before accessing his/her record in TEACH. I agree not to disclose to any unauthorized or third party any information obtained in the course of using the TEACH System.

Signature of User 2

Date

REPRESENTATIVE 3 :

First Name:		LAST Name:
Business Street Address:		Email Address:
City:	Zip Code:	Work Phone:

As a TEACH user, designated by my school, I agree that (CHECK (✓) BOTH) :

- I will only use the NYSED TEACH Computer System in the course of my employment by the above named school to carry out my official duties. I will only access individual records and will not download or reproduce data from the TEACH System. I will not share my TEACH username or password with anyone.
- I will obtain the permission of each prospective or current employee and/or student before accessing his/her record in TEACH. I agree not to disclose to any unauthorized or third party any information obtained in the course of using the TEACH System.

Signature of User 3

Date



REMOVE DESIGNATION OF AUTHORIZED REPRESENTATIVES FOR TEACH COMPUTER SYSTEM

(07/09)

MAIL TO:
Office of Teaching Initiatives
ATTN: TEACH ACCOUNT
89 Washington Ave, Rm 5N
Albany, NY 12234

School Name:

OFFICE USE ONLY

SEDREF CODE: 8000000

TEACH ENTITLEMENT:

REMOVE AUTHORIZED REPRESENTATIVE (USER)

I am requesting that the following individuals' access to the Office of Teaching Initiatives TEACH computer system be REMOVED.

USER NAME(s): _____

Signature

Title

Date

MAIL TO:

Office of Teaching Initiatives
ATTN: TEACH ACCOUNT
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Albany, NY 12234