



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

[www.highered.nysed.gov/tcert](http://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 :**

<b>First Name:</b>		<b>LAST Name:</b>
<b>Business Street Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>Zip Code:</b>	<b>Work Phone:</b>

**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 :**

<b>First Name:</b>		<b>LAST Name:</b>
<b>Business Street Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>Zip Code:</b>	<b>Work Phone:</b>

**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 :**

<b>First Name:</b>		<b>LAST Name:</b>
<b>Business Street Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>Zip Code:</b>	<b>Work Phone:</b>

**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:**

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Albany, NY 12234



**OSPRA 106** (06/08)

**Non-Public and Private School  
Fingerprinting Option Form**

Type or Print All Information

**Office of School Personnel Review and  
Accountability**

NYS Education Department

ph: (518) 473-2998  
[www.highered.nysed.gov/tcert/ospra](http://www.highered.nysed.gov/tcert/ospra)  
[OSPRA@mail.nysed.gov](mailto:OSPRA@mail.nysed.gov)

**Instructions to Chief School Officers of Non-public and Private Schools**

Chapter 180 of the Laws of 2000 ("SAVE") mandated fingerprint supported criminal history background checks for applicants for certification and prospective employees of public schools, charter schools and BOCES. Chapter 630 of the Laws of 2006 expanded SAVE to authorize non-public and private schools to mandate fingerprint supported criminal history background checks for their prospective employees with direct student contact (Education Law §305(30)(a)). Each non-public and private school that chooses to mandate fingerprinting for such prospective employees must require fingerprinting for all such prospective employees.

Chapter 630 of the Laws of 2006 makes no provision for non-public and private schools to cease fingerprinting prospective employees. Non-public and private schools should carefully consider the implications of requiring prospective employees to undergo a fingerprint supported criminal history background check before signing this form. Questions or concerns about this form or requiring prospective employees to be fingerprinted should be discussed with your school attorney.

*Please complete Section 1, make a selection in Section 2, sign your name and have your signature notarized.*

**SECTION 1**

Non-Public or Private School Name:	Chief School Officer Name:
Address Line 1:	Chief School Officer E-mail Address:
Address Line 2:	Telephone: (Area Code and Number)
City, State, Zip:	Fax: (Area Code and Number)

**SECTION 2**

I certify that the above named school is electing to have **all** prospective employees who have direct contact with students fingerprinted pursuant to Education Law §305 (30)(a). I understand that:

- the Education Department will issue a Clearance or Denial of Clearance for Employment for each such employee;
- a Clearance for Employment does not mean that the prospective employee must be hired; it simply means that such individual is "employable" and that the final hiring decision is in the discretion of the school, consistent with other state and federal laws;
- a Denial of Clearance for Employment means the prospective employee can not be offered employment in the requested position unless the Denial of Clearance is successfully appealed or otherwise overturned; and
- the law currently makes no provision for non-public and private schools to cease fingerprinting prospective employees.

I request access to TEACH online services with fingerprint information.

I certify that the above named school is electing to not conduct fingerprint supported criminal background checks on prospective employees at this time. I understand that:

- I may at any time change this designation; and
- I can not require fingerprint supported criminal history background checks pursuant to Education Law 305 (30)(a) unless I change this designation.

I request access to TEACH online services with no fingerprint information.

Signature:	Title:	Date:
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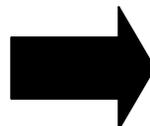
State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature on the instrument, the individual executed the instrument.

Affix Stamp

\_\_\_\_\_  
Notary Public

**Mail completed form to:**



**Office of Teaching Initiatives  
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