

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Teaching Initiatives
 89 Washington Avenue
 Albany, New York 12234
www.highered.nysed.gov/tcert

Record Search Request Form

The Record Search Request Form is to be completed by those certificate holders certified prior to **1983** that currently do not have any certificate information showing in the TEACH system.

Individuals that were certified prior to **1983**, and do not currently have a TEACH account, will need to go on to the Office of Teaching Initiatives website at: <http://www.highered.nysed.gov/tcert/>, and create an account (self-register). If you are having trouble self-registering by creating a **username** and **password**, or have questions please email: teachhelp@nysed.gov, or call the Teach Tech Line at (518)-486-6041.

How to Search for Certification Information in the TEACH Online system:

- Individuals granted certification *prior* to **1983** should visit our **Certificate Holder Lookup Page** [here](#) to verify that their certification information is available in the TEACH system.
- If you are unable to locate your name in the TEACH system initially, you may use different methods to widen your search, such as a first, last, maiden name or partial name:
 - **Example:** partial name using a “%” symbol after such as “Kim%” or “McMill%”
- If your information does not appear when attempting to verify your certification information, it was not yet entered into the TEACH online system.

Instructions for Certificate Holder:

1. Self-register and create a TEACH account at: <http://www.highered.nysed.gov/tcert/teach/home.html>
2. Complete this form in its entirety, including **all** fields below.
3. Submit the Record Search Request form along with **copies of any certificates** you have to the Office of Teaching Initiatives by email: OTregistration@nysed.gov, fax 518-473-0271, or mail at the address shown above.

Section I: Personal and Contact Information		
First Name: _____	Last Name: _____	Middle Initial: _____
List Any Other Names: _____		
Date of Birth: _____ / _____ / _____	Last 4 digits of Social Security Number: _____	
Email Address: _____	Phone: Home(____)____-____ Cell (____)____-____	
Section II: Certificate Information		
Certificate Type: _____	Date of Issuance: _____	
Certificate Type: _____	Date of Issuance: _____	
Certificate Type: _____	Date of Issuance: _____	
I hereby certify the information provided on this form is true and correct.		
Signature: _____		Date: _____