



NYS College and Universities
**Designation of Authorized Representatives for the
 TEACH Online Services System** (10/2018)

EMAIL TO: teachhelp@nysed.gov
 Subject Line: Administrative Access
 Or
FAX: 518-473-0271

Instructions

- This form may only be used by New York State College/Universities with Approved Teacher Preparation Programs.
- The Office of Teaching Initiatives has updated the authentication process for Administrative access. Administrative access is now added as an additional role to a users existing personal TEACH account while using a single login.
- A new user must provide verifying information including the last 4 digits of their social security number, date of birth and their TEACH user ID so we may locate the new representatives' record in the TEACH system. Once access has been granted, a confirmation will be sent to the email address provided.
- **Only the Chancellor, Vice Chancellor, President, Vice President, or Dean may complete this form. This person must show in SEDREF with the appropriate title.** When completing this form please include your School SEDREF Code in Section 1. To verify the schools' SEDREF Code you may visit: [http://portal.nysed.gov/portal/pls/portal/SED.sed_inst_qry_vw\\$.startup](http://portal.nysed.gov/portal/pls/portal/SED.sed_inst_qry_vw$.startup) to search online.
- **Forms may be submitted** to the Office of Teaching Initiatives by email to: teachhelp@nysed.gov (Subject line: Administrative Access Request), by Fax: 518-473-0271, or mail to: Office of Teaching Initiatives, ATTN: TEACH ACCOUNT, 89 Washington Ave, Rm 5N, Albany, NY 12234.

SECTION 1

NYS College/Universities Name: _____	School SEDREF CODE: 8000000
	OFFICE USE ONLY
School Address:	TEACH ENTITLEMENT: <input type="checkbox"/> College/University

SECTION 2

- I am requesting that the individual(s) identified below be given access to the Office of Teaching Initiatives TEACH online 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 in sections 2 & 3 of this form 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.
 - I will inform all representatives that they are the **only** individuals that can use administrative access. If users allow others to use their administrative access, the Department may remove that representative's access permanently.

Requesting Institution Official Signature: _____ Date: _____

Print Name: _____ Title: _____

Work Email: _____ Work Phone: (____) _____ - _____

SECTION 3 - ADD AUTHORIZED REPRESENTATIVE AND AFFIRMATION

REPRESENTATIVE 1:

First Name:		Middle Initial:	Last Name:
Teach Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		Work Email:
TEACH User ID:	Last 4 of SSN:	DOB:	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 or the Department will remove my access permanently.
- 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 Representative 1: _____ Date: _____

REPRESENTATIVE 2:

First Name:		Middle Initial:	Last Name:
Teach Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		Work Email:
TEACH User ID:	Last 4 of SSN:	DOB:	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 or the Department will remove my access permanently.
- 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 Representative 2: _____ Date: _____

REPRESENTATIVE 3:

First Name:		Middle Initial:	Last Name:
Teach Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:		Work Email:
TEACH User ID:	Last 4 of SSN:	DOB:	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 or the Department will remove my access permanently.
- 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 Representative 3: _____ Date: _____



NYS College and Universities
**Designation of Authorized Representatives for the
TEACH Online Services System**

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Print School Name: _____	SEDREF CODE: 8000000				
	OFFICE USE ONLY				
	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):

Title: _____ Signature: _____ Date: _____

YOU MAY SEND THIS FORM BY:

- **Email:** teachhelp@nysed.gov (Subject Line: Administrative Access Request)
- **FAX: 518-473-0271**
- **Mail to:**
Office of Teaching Initiatives
ATTN: TEACH ACCOUNT
89 Washington Ave, Rm 5N
Albany, NY 12234