



NYS College and Universities
**Designation of Authorized Representatives for the
 TEACH Online Services System** (09/2022)

EMAIL TO: teachhelp@nysed.gov
 Subject Line: Administrative Access

Instructions

- This form may only be used by New York State Colleges/Universities with registered educator preparation programs. **Only the appropriate Dean at the institution of higher education may complete this form (e.g., College of Education Dean).** This individual must appear in SEDREF with the appropriate title.
- When completing this form, please include your Institution ID in Section 1 that can be found on [SEDREF](#). To find the Institution ID, you can search for the ID at [https://portal.nysed.gov/pls/sedrefpublic/SED.sed_inst_qry_vw\\$.startup](https://portal.nysed.gov/pls/sedrefpublic/SED.sed_inst_qry_vw$.startup) or send an email to datasupport@nysed.gov to request the ID.
- Once administrative access to TEACH has been granted to the requested individual(s), a confirmation will be sent to the email address provided.
 - Administrative access will be added as an additional role to the new representative's existing personal TEACH account while using a single login.
 - If the new representative does not have an existing TEACH account, they must create a NY.gov account for administrative access at: <https://my.ny.gov>.
- Forms may be submitted** to the Office of Teaching Initiatives by email to: teachhelp@nysed.gov (Subject line: Administrative Access)

SECTION 1

NYS College/University Name:	Institution ID: 8000000					
	OFFICE USE ONLY					
	TEACH ENTITLEMENT:					
Institution Address:	<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 Services System.

- _____ (PRINT NAME OF AUTHORIZED REPRESENTATIVE)
- _____ (PRINT NAME OF AUTHORIZED REPRESENTATIVE)
- _____ (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:
NY.gov User ID:	Last 4 of SSN:	DOB:	Work Phone:

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

- I will only use the NYSED TEACH Online Services System in the course of my employment by the above-named institution 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 their 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:
NY.gov User ID:	Last 4 of SSN:	DOB:	Work Phone:

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

- I will only use the NYSED TEACH Online Services System in the course of my employment by the above-named institution 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 their 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:
NY.gov User ID:	Last 4 of SSN:	DOB:	Work Phone:

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

- I will only use the NYSED TEACH Online Services System in the course of my employment by the above-named institution 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 their 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
**Removal of the Designation of Authorized
Representatives for the TEACH Online Services
System** (9/2022)

EMAIL TO: teachhelp@nysed.gov
Subject Line: Administrative Access

Print Institution Name:	Institution ID: 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 Online Services System be REMOVED.

USER NAME(s):

Print Name: _____ Signature: _____

Title: _____ Date: _____

YOU MAY SEND THIS FORM BY:

Email: teachhelp@nysed.gov (Subject Line: Administrative Access)