



NYS College and Universities  
**Designation of Authorized Representatives for the  
 TEACH Online Services System** (09/2020)

**EMAIL TO:** [teachhelp@nysed.gov](mailto:teachhelp@nysed.gov)  
 Subject Line: Administrative Access

### Instructions

- This form may only be used by New York State Colleges/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 user's existing personal TEACH account while using a single login.
- A new user must provide verifying information including the last four 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. If the new user does not have an existing TEACH account, then they must create a NY.gov account for TEACH administrative access: <https://my.ny.gov>.
- **Only the appropriate Dean at the institution of higher education (IHE) may complete this form (e.g., College of Education Dean).** When completing this form, please include your Institution ID in Section 1 that can be found on SEDREF. To verify the IHE's Institution ID, 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.
- **Submit forms** to the Office of Teaching Initiatives at [teachhelp@nysed.gov](mailto:teachhelp@nysed.gov) (Subject line: Administrative Access)

### SECTION 1

**NYS College/University Name:**

Institution ID:  
8000000

**OFFICE USE ONLY**

TEACH  
ENTITLEMENT:

**School Address:**

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:
NY.gov 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 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 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 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 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 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: \_\_\_\_\_



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<b>Print School Name:</b>  	Institution ID: 8000000					
	<b>OFFICE USE ONLY</b>					
	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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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