



NYS Non-Public or Private Schools
**Designation of Authorized Representatives for the
 TEACH Online Services System** (08/18)

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 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.
- Recently 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 Chief Executive Officer, chief school officer, director, or equivalent 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 Non-Public or Private Schools Name:

School SEDREF CODE:
 8000000

OFFICE USE ONLY

TEACH
 ENTITLEMENT:

School Address:

Non-Public/Private

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 User 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 User 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 User 2

Date



REMOVE DESIGNATION OF AUTHORIZED REPRESENTATIVES FOR TEACH COMPUTER SYSTEM
(06/08)

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

Print School Name: _____

SEDF 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): _____

Signature

Title

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



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
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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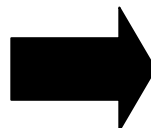
State of _____ County of _____

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
ATTN: TEACH ACCOUNT
89 Washington Ave, Rm 5N
Albany, NY 12234**