NYS School Districts, Charter Schools, or BOCES
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 school districts, charter schools, and BOCES. **Only the Superintendent of Schools, BOCES District Superintendent, or Charter School Leader/Chief Executive Officer may complete this form.** 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 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 School District, Charter School, or BOCES Name:	Institution ID: 8000000				
	OFFICE USE ONLY				
	TEACH ENTITLEMENT:				
Institution Address:	☐ School District ☐ BOCES				
	☐ Charter School				

SECTION 2

I am requesting that the individual(s) identified below to be given access to the Office of Teaching Initiatives TEACH Online Services 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 institution named above.

- 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 New York State Education 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? ☐ Yes ☐ 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 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 Online Services 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? ☐ Yes ☐ 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 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 Online Services 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? ☐ Yes ☐ 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 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 Online Services 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 School Districts, Charter Schools, and BOCES
Removal of the Designation of Authorized Representatives for the TEACH Online Services System (9/2022)

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)