

## Superintendent Statement Request Form

**Instructions for Employee:**

Please complete Section I and return to the **OCM BOCES Certification Office**.

<b>Section I:</b>	
First Name: _____	Last Name: _____
Date of Birth: _____	Last 4 Digits of Social Security number: _____
I have submitted an electronic application through the TEACH System for the following Certificate(s): _____ _____	
Superintendent Statement requested:	
_____	Teaching Assistant Level One Renewal
_____	Adult Education Certificate
_____	Transitional A Certificate
_____	Supplementary Certificate

<b>Section II: Employer use only</b>	
Individual is employed under the following Certificate Area: _____	Date of Hire: _____
_____	_____
OCM BOCES Director of Human Resources	Date

\_\_\_\_\_  
 OCM BOCES Superintendent Signature

\_\_\_\_\_  
 Date

OCM BOCES internal use only