

District Superintendent Statement Request Form

Instructions for Employee:

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

Section I:	
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

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

 OCM BOCES District Superintendent Signature

 Date