



### Intern: Authorization Form

DIRECTIONS

**Applicant:** Print this page and upon completion of *Section A* and *Section B* below – forward this form to the Official of the College/University through which the internship will be completed, for their completion. Then forward this form onto the School District/BOCES official for completion. When they have completed their portion, upload this completed and signed form into your application prior to submission to CDE. Do not mail hardcopies to CDE, it must be uploaded into your application.  
**College/University Official :** Please complete *Section C* in its entirety and return to the applicant.  
**School District/BOCES:** Please complete *Section D* in its entirety and return to the applicant.

#### Section A

#### To be Completed by the Applicant

\* Required Field by Applicant

Last Name*		First Name*		Middle Name	Date of Birth*	
List any Previous Names Used* <input type="checkbox"/> None		Social Security Number* (last 4)	X X X - X X	Email Address*		
Mailing Street Address*		City*	State*	Zip*	Contact Phone*	

#### Section B

Please list all colleges, universities, and professional training schools where courses towards degrees were completed. Official transcripts must be attached.

Name of College or University and State	Years Attended	Degree Earned and Year	Major Fields and/or Licensure Programs

#### Section C

#### To be Completed by the College/University

This is to certify that the above named Intern is enrolled in an approved program for the preparation of the following special services endorsement area:

Signature of College/ University Official <i>X</i>		Title
College/University Name		Phone Number
Mailing Address	City	State Zip

#### Section D

#### To be Completed by the School District/BOCES/Facility School or State Operated Program

Name of District:	The School District requests an Intern Authorization to be issued to : _____
Mailing Address:	
City State Zip	
Printed Name of District Official Title	
Signature <i>X</i>	Assignment: Grade Level: Endorsement: Supervising Educator: _____
For the period beginning: Month _____ Day _____ Year _____	

An incomplete form will be returned for completion, which will significantly increase application processing time.