

To:

From:

Subject:

NEW YORK STATE EDUCATION DEPARTMENT
Office of Higher Education
Office of College and University Evaluation

Registered Education Programs Leading to Students with Disabilities (Birth – Grade 2)
Statement of Assurance

Institution Name:	
Address (Street, City, Zip Code):	
Dean/Director or Designee of Educator Preparation Programs: (Last Name, First Name, Dr./Mr./Ms.)	Title:

Telephone Number:

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Fax Number:

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ETax 2017-1 222 (c) (2) (c) 0 700 (a) (1) (i) 1c 0