

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 (<i>Street, City, Zip Code</i>):	
Dean/Director or Designee of Educator Preparation Programs: (<i>Last Name, First Name, Dr./Mr./Ms.</i>)	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) 1 c 0