

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:

( )

Fax Number:

( )

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