

PETS Registration Form

By New York State law and related Chancellor's Regulations, the NYC Department of Education (NYCDOE) is required to conduct fingerprint-supported security clearance checks on all individuals working or placed in NYCDOE schools. This requirement applies to student teachers and students satisfying their field-work requirements. The NYCDOE uses the Personnel Eligibility Tracking System (PETS), a web-based application, to electronically track and share basic information regarding the eligibility status of individuals placed in NYCDOE schools. The New York State Division of Criminal Justice Services (DCJS) requires the NYCDOE to collect and submit Social Security Numbers in order to process fingerprints as part of the security clearance check process.

Students have the option of authorizing the York College Department of Teacher Education to use their personal information to register them in the system OR students can register themselves. (International students without Social Security Numbers must pursue the process identified below). All students must choose one of the options below and submit it, **in person**, to the Department of Teacher Education regardless of their choice. This form will be maintained in a secure location.

- Yes, I give the Department of Teacher Education permission to register me in the NYCDOE's PETS system via the following information, and I was not fingerprinted** by the NYCDOE or NYS Education Department and will follow the general instructions and those under Paragraph A of the attached instruction sheet:

--OR--

- Yes, I give the Department of Teacher Education permission to register me in the NYCDOE's PETS system via the following information, and I was previously fingerprinted** by the NYCDOE or NY State Education Department and will follow the general instructions and those under Paragraph B of the attached instruction sheet:

Student ID: _____ Program: _____
Last Name: _____ Address: _____
First Name: _____ City: _____
SSN: _____ - _____ - _____ State: _____
Date of Birth: ____/____/____ Zip: _____
Phone Number: _____ - _____ - _____ Email: _____

--OR--

- No, I do NOT give the Department of Teacher Education permission to register me in the NYCDOE's PETS system. I understand this means I will need to go to 65 Court Street, Brooklyn, NY to be registered there, and will follow the general instructions and those under Paragraph C of the attached instruction sheet.**

--OR--

- I am an international student without a Social Security Number. I understand this means I will need to go to 65 Court Street, Brooklyn, NY to be registered there, and will follow the general instructions and those under Paragraph D of the attached instruction sheet.**

Print Name: _____ Program: _____
Signature: _____ Date: _____