

New York State Education Department		School Agent References
Bureau of Proprietary School Supervision Licensing Unit		BPSS-18R (8/16)
1. Applicant Name: (Last)	(First)	(Middle)
2. Former Name (if applicable) (Last)	(First)	(Middle)
3. Applicant Address		
4. References Certification		
<p>I hereby certify that the person named above, to the best of my knowledge and belief, is ethical and of good moral character. I further certify that I am not the applicant's employer, co-worker, or family member.</p>		
Name		
Address		
Email Address	Telephone	
Signature	Date	
Name		
Address		
Email Address	Telephone	
Signature	Date	