

District Designation of Digital Signatories for eSTACs

District _____

CPSE Chairperson _____

I authorize of the following individuals to use a digital signature to submit electronic STAC records the eSTACs system on behalf of our district.

Name	eMail	Position / Title	STAC-5	STAC-1
		CPSE Chairperson	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

We certify that for any STAC-5 that the above individuals electronically sign and submit through the eSTACs system, the child has received the submitted multidisciplinary evaluation in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

We certify that for any STAC-1 that the above individuals electronically sign and submit through the eSTACs system, the preschool student with a disability is being provided the educational services submitted and that such services have been recommended by the Committee on Preschool Education and that the child is eligible for such placement in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

Name

Title

**Please fax the completed form to
(518) 393-9938 attention eSTACs.**

Signature

Date