**The New York State Seal of Biliteracy**



**Seal Image Request Form**

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| District Name: |  |  | Request Date: |  |
| Address: |  |  | Graduation Year |  |
| City/State/Zip: |  |  |  |  |

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| --- | --- | --- |
| **School Name** | **BEDS Code** | **Number of Students Receiving Seal** |
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| **Student Total:** | |  |

***Please provide the information requested on the data spreadsheet.***

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| --- | --- |
| **Superintendent/Chief Administrative Officer or designee electronic signature.**  By entering your name below, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. | |
| **Name**:      **Title:** | **Date:** |
| **Email:** |  |

**Submit this form electronically to:**

[obewldocsubmit@nysed.gov](mailto:obewldocsubmit@nysed.gov)

**Please place the form name and district name in the email subject heading:**

**“Seal of Biliteracy, <*insert* *name of District/School >***

Please allow 2-3 weeks to process your request.

