**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: |       |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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

**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.

