**Certifications Regarding Exemption from New York State Authorization Requirements Concerning the Provision of Postsecondary Educational Programs for Purposes of Participating in Federal Title IV Student Financial Aid Programs**

**Religious Institution Certification Form**

By signing this document, the religious institution certifies that the institution is exempt from the State Authorization Requirements for the Provision of Postsecondary Education Programs in New York State by making the following certifications with respect to the operation of its institution in New York State.

1. The name of the institution is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The institution operates at the following address(es) in New York State:

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1. The institution is a religious institution that:
2. is owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation (“religious organization”).
3. List the name of the religious organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
4. Attach a signed copy of the “Religious Organization Certification Form” and the required documentation indicated on that form (Attachment A).
5. as to academic offerings:
   * 1. offers only the following types of post-secondary programs (list current offerings and any resulting awards, e.g., diploma, certificate, etc.)

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* + 1. By signing below, confirms that it does not award, and does not represent or advertise that it awards, any college credit or degrees requiring authorization of the Board of Regents (i.e., associate, bachelor’s, master’s or doctoral degrees; see NYS Education Law 224, 8 NYCRR §§3.46, 3.47 and 3.50) for any course, curriculum or program that it offers.

1. The institution agrees that it is subject to the New York State Education Department’s process to review and act on complaints filed with the New York State Education Department, including enforcement of applicable State laws (see 34 CFR §600.9). This process as described on the New York State Education Department’s website for [complaints concerning colleges and universities in New York State](http://www.highered.nysed.gov/ocue/spr/COMPLAINTFORMINFO.html) may include the referral of complaints to other appropriate entities for resolution, including but not limited to, accrediting agencies and the New York State Attorney General’s Office.
2. The institution further agrees to inform its students of the availability of the complaint process, described above, and include a reference to the complaint process in any institutional catalogs, student handbooks, or other student guidance documents.
3. The institution agrees to notify the New York State Education Department if any of the information for which it has provided assurances changes within 30 days of such change.

**Signature and Printed/Typed Name and Title of the President/CEO/Director of the Religious Institution:**

Name (print/type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (print/type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide the name and contact information of the person to whom the Exemption Letter should be sent:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious institution or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment A**

**Certifications Regarding Exemption from New York State Authorization Requirements Concerning the Provision of Postsecondary Educational Programs**

**Religious Organization Certification Form**

By signing this document, the religious organization certifies that it owns, controls, operates, and maintains the religious institution listed below and that the religious organization is lawfully operating as a nonprofit religious corporation.

1. The name of the religious organization is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The religious organization operates at the following address(es) in New York State:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The name of the religious institution owned, controlled, operated, and maintained by the religious organization is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The religious institution operates at the following address(es) in New York State:

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1. Attach a copy of documentation establishing that the religious organization is lawfully operating as a nonprofit religious corporation pursuant to New York State’s Religious Corporations Law (i.e., the certificate of incorporation filed with the county clerk in the county in which the principal office or place of worship of the religious corporation is or is intended to be situated or, as applicable, with the New York State Department of State; or a certificate of status or other equivalent certificate issued by the county clerk or the New York State Department of State).

**Signature and Printed/Typed Name and Title of the President/CEO/Director of the Religious Organization:**

Name (print/type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (print/type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_