

**THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK**

OATH OF ALLEGIANCE

**(Last Name)
(Initial)**

(First Name)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge, according to the best of my ability the duties of the position of

(position and name or designation of position)

(School)

Signature of Teacher

(Address)

Sworn to before me this _____

Day of _____, 202 .

(School official)