

LOS ANGELES COUNTY OFFICE OF EDUCATION

Certification Services

**Authorization Form for Temporary County Certificates (TCCs), County Clearances, and Credentials:
Submitter and/or Signatory**

Date: _____

School District Name: _____

School District 5 digit #: _____

Add the following district personnel to the list of authorized submitters and/or signatories for **TCC's, Other County Clearances and Credentials**. Indicate their role as a submitter, signatory, or both.
Duplicate form as needed.

Name:	
Title:	
Phone #:	
Email:	
Signature:	

Submitter

Signatory

Name:	
Title:	
Phone#:	
Email:	
Signature:	

Submitter

Signatory

DELETIONS:

The following district personnel are to be removed as authorized Submitter and/or Signatory:

Name:	
Name:	
Name:	

Approved
by:

Administrator's or Designee's Signature

Date: _____

Print Administrator's or Designee's Name

Administrator's or Designee's Title

Email or Fax to: Certification_Unit@lacoed.edu
Fax: (562) 469-4300