Los Angeles County Office of Education
Serving Students ▪ Supporting Communities ▪ Leading Educators

Division of School Financial Services
Certification Unit

Credential Registration Request Form
(with existing records in COS)

TO: Certification Unit
School Financial Services (Room 132)
Los Angeles County Office of Education
E-mail: Certification_Unit@lacoe.edu

FROM: School District : _____

District # : _____

Authorized
District Personnel : _____

_____

Authorized
District Personnel Title: _____

_____

Please register the following Commission on Teacher Credentialing (CTC)-issued document/s onto the Credential On-Line System (COS).

I have verified that the following individuals who have been issued these documents have existing records in COS.

Last Name	First Name	M.I	Date of Birth (D.O.B)	Document #	SEID #	For LACOE use only	
						Date Forwarded	H.R. Specialist