

**LOS ANGELES COUNTY OFFICE OF EDUCATION  
CERTIFICATION SECTION  
DISTRICT CREDENTIALS CONTACT/AUTHORIZED SIGNATURE FORM**

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

**Email or Fax to:**     **Carolina Rangel, Credentials Coordinator**  
                                 **Email: Rangel\_Carolina@laoe.edu**  
                                 **Fax: (562) 469-4300**

School District Name: \_\_\_\_\_  
School District 5 digit #: \_\_\_\_\_

The following district personnel are to be added to the list of district credential contact persons and/or district personnel that are authorized to sign credential registrations and Temporary County Certificates (TCC's).  
*Mark whether the personnel identified is a contact, credential registration/TCC signatory or both.*

Name:		<b>District Contact</b>	<b>Cred/TCC Signatory</b>
Title:		<input type="checkbox"/>	<input type="checkbox"/>
Phone #:			
Email:			
Signature:			

Name:		<b>District Contact</b>	<b>Cred/TCC Signatory</b>
Title:		<input type="checkbox"/>	<input type="checkbox"/>
Phone#:			
Email:			
Signature:			

Name:		<b>District Contact</b>	<b>Cred/TCC Signatory</b>
Title:		<input type="checkbox"/>	<input type="checkbox"/>
Phone#:			
Email:			
Signature:			

District Fax Number: \_\_\_\_\_

**DELETIONS:**

The following district personnel previously identified are no longer an authorized district signatory nor district contact:

Name:	
Name:	
Name:	

Approved  
by: \_\_\_\_\_

Administrator's signature

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

\_\_\_\_\_  
Print Administrator's name

\_\_\_\_\_  
Administrator's Title