

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

| | |
|----------------|--|
| District Fax # | |
|----------------|--|

DELETIONS:

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

| | |
|-------|--|
| Name: | |
| Name: | |
| Name: | |

Approved

by: _____ Date: _____
Administrator's or Designee's Signature

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**