



LOUISIANA DEPARTMENT OF EDUCATION

This **AUTHORIZED SIGNATURE** form is required to maintain secure certification access for school/school system human resource personnel and teacher preparation provider access to [Teach LA Live! Online Certification Portal](#) and [TeachLouisiana.net](#) website.

Submit the names of the individuals who are authorized to sign for all certification requests/transactions submitted to this office and who are to be granted Human Resources or Teacher Preparation Provider user roles for electronic submissions. When making updates/additions/removals to your organization's access and authority list, submit this form following these steps:

- Log into an existing authenticated Human Resource or Teacher Preparation account
- Click "Submit Certification Applications"
- Select "Authorized Signature" from the application type dropdown menu and attach this completed form.
- Schedule an office hours appointment to finalize all user authentication details.

SECTION 1 - List all persons authorized to SUBMIT certification applications (need [TeachLA Live! access](#)):

Accounts can only view what is submitted by each individual account. Accounts for the same school system/program cannot view what has been submitted for the entire school system/program or what has been submitted by others from the same system/program. Unless certification processing is going to be separated by region, individual school, grade band (elementary, middle, or high school), etc., it is recommended to have a generic email and user account that the individuals listed below can share.

Name (Please print or type)	Title (Please print or type)	Email	Signature
If using a generic email, please indicate the generic email to be used for username and email to which responses will be sent:			

SECTION 2 - List all persons authorized to SIGN/VERIFY applications/information (can sign applications, verify exp, etc.):

Name (Please print or type)	Title (Please print or type)	Email	Signature

SECTION 3 - If any changes in personnel have occurred and migration (preserving access to previously submitted cases) of authorization is requested, please indicate below which user(s) will need access transferred and to whom making sure the New User is also listed in SECTION 1 above.

Previous User	New User

SECTION 4 – List all persons who need HR/Preparation Provider access to www.teachlouisiana.net: Individual accounts can view all applications or certificates issued for the entire school system/program. There is no need for generic usernames/emails for this section.

Name	Email

SECTION 5- If your school enlists the service of a third party HR Provider, indicate below:

Name of School	HR Provider

 Print Name of Superintendent or Head of Program

 Signature of Superintendent or Head of Program

 School System or Teacher Preparation Program

 Date