



# 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.

<b>SECTION 1 - List all persons authorized to SUBMIT certification applications (need <a href="#">TeachLA Live! access</a>):</b>			
<b>Name (Please print or type)</b>	<b>Title (Please print or type)</b>	<b>Email</b>	<b>Signature</b>

<b>SECTION 2 - List all persons authorized to SIGN/VERIFY applications/information (can sign applications, verify exp, etc.):</b>			
<b>Name (Please print or type)</b>	<b>Title (Please print or type)</b>	<b>Email</b>	<b>Signature</b>

<b>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.</b>	
<b>Previous User</b>	<b>New User</b>

**SECTION 4 – List all persons who need HR/Preparation Provider access to [www.teachlouisiana.net](http://www.teachlouisiana.net):**

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