Illinois Board of Examiners

Revised 02/2007

REQUEST FOR: ✓ **Verification of Illinois CPA Certificate**
✓ **Verification of CPA Examination Scores**

Mailing Address: 100 Trade Centre Drive, Suite 403 ● Champaign IL 61820-7233 ● 217-531-0950
● Toll free (U.S.) 866-782-7230 ● FAX 217-531-0960 ● Web address: http://www.ilboa.org ● E-mail: help@ilboa.org

THE ILLINOIS BOARD OF EXAMINERS DOES NOT VERIFY ILLINOIS CPA LICENSES OR REGISTRATIONS. THAT MUST BE OBTAINED FROM THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION. GO TO www.idfpr.com FOR INFORMATION.

Complete this form and forward to the Illinois Board of Examiners. There is a **$30.00** fee for a certification to any person or entity **except** to the Illinois Department of Financial and Professional Regulation (Department). That fee is waived. Please make your check payable to the Board of Examiners. Checks must be drawn on U.S. funds from a U.S. bank. Please do not send cash.

If your name has changed since your certificate was issued or you last tested, we must have documentation such as a copy of your marriage license, divorce decree, court order, etc. Attach documentation to this form. We cannot process your request without it.

You must complete a separate form and pay the fee for each organization or individual receiving verification. If the verification is being sent to the Department only, you may fax this form to the number above. **IMPORTANT**: Be sure to check the appropriate box below indicating the verification/certification is for your application for Registration or Licensure in Illinois. If not, we will request the $30.00 fee!

Name _____
First Middle Family/Last Previous name(s)

Name change documentation attached: Yes ❑

Current mailing address _____
Street or P.O. Box City State/Province/Country Zip/Postal Code

Daytime phone: _____ Email: _____

Date of Birth _____ U.S. Social Security number (optional)_____

Date of last exam sitting (month and year) [if available]: _____

Certificate Number (if applicable) _____ Date of Issue _____

❑ I have passed the CPA examination and hold an Illinois CPA certificate.
❑ I have taken the CPA examination as an Illinois candidate but am not certified in Illinois.

Please check the box(es) for the information you want sent:

❑ Certification only ❑ Exam Grades/Scores only ❑ Certification and Exam Grades/Scores
❑ Certification for purposes of **applying for a license from** the Illinois Department of Financial & Professional Regulation

Please send the certification to the following address:

Name _____

Address _____

_____

_____

This is my authorization for you to furnish other states or entities with verification of my CPA certificate and/or a complete record of my exam scores.

_____ _____
Signature of Applicant Date