REQUEST FOR VERIFICATION OF ILLINOIS CPA CERTIFICATE AND/OR EXAM SCORE(S) 3/20

Illinois Board of Examiners
Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563
PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: www.ilboe.org • E-MAIL: help@ilboe.org

This form is for a candidate who has passed some or all parts of the Uniform CPA Exam as an Illinois candidate and wants to report the scores and/or certificate to another jurisdiction.

**THE ILLINOIS BOARD OF EXAMINERS DOES NOT VERIFY ILLINOIS CPA LICENSES OR REGISTRATIONS.** Contact the IL Department of Financial & Professional Regulations (IDFPR) at www.idfpr.com or 800-560-6420 for help with that request.

Complete this form and send to the Illinois Board of Examiners. **A $30.00 fee is charged for a verification to any person or entity except to the IDFPR.** Make your check payable to the Illinois Board of Examiners. Checks must be drawn on U.S. funds from a U.S. bank. Please do not send cash. You must complete a separate form and pay the fee for each organization or individual receiving verification. **Candidates can also submit this request and remit the fee(s) due using their online account via the www.ilboe.org Login portal in the upper right corner.**

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

(Please type or print legibly)

1. **Name in Full**
   
   First               Middle            Last
   *Name change documentation attached □ Yes □ No

2. **Mailing Address**
   
   Street Number        Apt.
   
   City                 State/Province/Country Zip/Postal Code

3. **E-mail**
   
   4. **Phone Number**

5. **Date of Birth**
   
   6. **U.S. Social Security Number (if applicable)**

7. **Sex:** [ ] Male [ ] Female
   
   8. **Date of last exam sitting (MM/YYYY):**

9. **Certificate Number**
   
   10. **Date of issuance (MM/YYYY):**

11. **Please select the applicable box regarding certificate status:**
   
   □ I have passed the Uniform CPA Examination & hold an Illinois CPA certificate.
   
   □ I have taken the Uniform CPA Examination as an Illinois candidate but am not certified in Illinois.

12. **Please select all applicable boxes for information requested:**
   
   □ Certification only □ Exam Grades/Scores only □ Certification & Exam Grades/Scores
   
   □ Certification for purposes of applying for a license from the IDFPR (no fee payment is necessary)
13. Please send the requested information to the following address:

_____________________________________________________________________
Name in Full
_____________________________________________________________________
Street Number                                         Apt. Number
_____________________________________________________________________
City                                         State/Province/Country                                         Zip/Postal Code

14. This is my authorization for you to furnish the above-listed person or entity with verification of my certification and/or complete record of my exam scores.

Name (Printed)____________________________________________ Date____________________

*Submission of form constitutes an electronic signature.