

REQUEST FOR VERIFICATION OF ILLINOIS CPA CERTIFICATE AND/OR EXAM SCORE(S) (VER OF CERT) 08/15

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

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 details.

Complete this form and forward to the Illinois Board of Examiners (ILBOE). **There is a \$30.00 fee for a certification to any person or entity except to the IDFPR.** 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. **Candidates can also submit this request and remit the fee(s) due using their online account via www.ilboe.org Online System icon in the upper left-hand 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 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 IDFPR, there is no fee due. **IMPORTANT:** Be sure to check the appropriate box below indicating that the verification/certification is for Licensure in Illinois. If not, we will request the \$30.00 fee!

(Please type or print legibly)

1. Name in Full

First	Middle	Last
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*Name change documentation attached Yes No

2. Mailing Address

Street Number	Apt. Number
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City	State/Province/Country	Zip/Postal Code
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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 (if applicable): _____ **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

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.

