

VERIFICATION OF CERTIFICATION AND/OR EXAM SCORES

8/21

Illinois Board of Examiners
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Naperville, IL 60563
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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.