

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
(512) 305-7851
FAX (512) 305-7875

505 E. Huntland Drive, Suite 380
Austin, TX 78752-3757
www.tsbpa.texas.gov

AUTHORIZATION AND RELEASE

I, _____, born in the city of _____ and the state/country of _____, hereby give my consent to the Texas State Board of Public Accountancy to conduct an investigation to make inquiries and request information from third parties as, in the sole discretion of the Board, is necessary to such investigation.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including but not limited to criminal history record information), or other data pertaining to me, to reveal, furnish, and release to the Texas State Board of Public Accountancy, or any of its agents or representatives, any such opinions, knowledge, information, documents, records, or other data. Without limiting the previously described authority, I specifically authorize the release of files regarding grievances, charges, or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or other school records relating to my admission to and conduct during my enrollment in such schools.

I have been notified that a criminal history verification check will be performed of the Texas Department of Public Safety and Federal Bureau of Investigation Criminal History files based on the electronic fingerprint process which I complete.

I hereby release, discharge, and hold harmless the Texas State Board of Public Accountancy, its agents, or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records, or other data.

Signature of Applicant

Date

The information on this form will not be added to the National Candidate Database for the CPA Examination.