

OREGON BOARD OF ACCOUNTANCY

3218 Pringle Rd SE #110

Salem, OR 97302

www.oregon.gov/boa

Computer Based Uniform CPA Examination Authorization to Release Information

In April 2004 the CPA Examination will be offered in a computer-based format. To accomplish this change in format, a national database of all CPA examination candidates is being developed. The database will be used to verify applicant eligibility and CPA exam testing schedules. The national candidate database will include information received from 54 CPA licensing jurisdictions, and will be managed by the National Association of State Boards of Accountancy (NASBA).

Because of the high probability that there will be exam candidates with similar names, addresses and other identifying information in the national candidate database, it is critical to have sufficient information that is unique to each candidate so that candidate records can be accurately identified, and for:

- Correct determination of candidate eligibility
- Credit to each exam candidate for payment of exam fees to NASBA
- Credit for the correct exam sections taken and passed by each candidate.

The following examples of unique personal information are necessary for each exam candidate. Applications to take the CPA Exam will not be processed without sufficient candidate information to provide accurate identification in the National Candidate Database. Information in the national candidate database is confidential and will not be released to a third party.

Indicate the categories of personal identification to be released to NASBA for entry in the national candidate database by entering your initials on the appropriate line.

1. _____ Exam Candidate's Date of Birth
2. _____ Mother's Maiden Name
3. _____ Social Security Number

_____ Passport number with name of country
issuing the passport.

Complete both sides of this form, then sign and return to the Oregon Board of Accountancy.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I authorize the Oregon Board of Accountancy to release the personal information indicated above to the National Association of State Boards of Accountancy. I understand that I am not required to provide my social security number for application to take the computer based Uniform CPA exam, however, I will be required to pay an additional fee to NASBA for processing my application without a social security number. This information will be used to develop the national candidate database for the Uniform CPA Exam. I understand that this information will remain confidential and will be used to verify candidate identification for the Uniform CPA Exam.

Signature _____

Date _____

Printed name _____

**PROVIDE INFORMATION ON REVERSE SIDE
CANDIDATE INFORMATION**

Candidate Full Name: **Mandatory information**

Last Name First Name Middle Name

Candidate Mailing Address: **Mandatory information**

Mailing Address City/Province State Zip Country

Candidate Telephone Numbers:

Area Code + Phone Number Fax Number: Alternate Phone Number

Candidate Date of Birth

Month Date Year

Degree Earned by Applicant: (place checkmark after the correct degrees)

None	<input type="checkbox"/>	BBA	<input type="checkbox"/>	BS ACCT	<input type="checkbox"/>	JD	<input type="checkbox"/>	MS/TAX	<input type="checkbox"/>
AAS	<input type="checkbox"/>	BBA/MACC	<input type="checkbox"/>	BS/JD	<input type="checkbox"/>	MA	<input type="checkbox"/>	PHD	<input type="checkbox"/>
BA	<input type="checkbox"/>	BBA/MBA	<input type="checkbox"/>	BS/MBA	<input type="checkbox"/>	MBA	<input type="checkbox"/>	PHD/ACCT	<input type="checkbox"/>
BA/MA	<input type="checkbox"/>	BBA/MS	<input type="checkbox"/>	BS/MPA	<input type="checkbox"/>	MBA/JD	<input type="checkbox"/>		<input type="checkbox"/>
BA/MBA	<input type="checkbox"/>	BSBA	<input type="checkbox"/>	BS/MS	<input type="checkbox"/>	MS	<input type="checkbox"/>		<input type="checkbox"/>
BA/Other	<input type="checkbox"/>	BS	<input type="checkbox"/>	BSBA	<input type="checkbox"/>	MS/ACCT	<input type="checkbox"/>		<input type="checkbox"/>

University attended:

Date Degree Granted:

Mother's Maiden Name:

Social Security Number:

Passport Number with name of Country issuing the passport:
