

**MINNESOTA BOARD OF ACCOUNTANCY**

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**AUTHORIZATION TO RELEASE  
APPLICANT INFORMATION  
TO A THIRD PARTY**

**THIS FORM IS NOT REQUIRED**

Only complete this optional form if you intend someone other than yourself to contact the Board regarding the status of your application.

Minnesota law prohibits the Board from sharing any information regarding your application (prior to final licensure) with **anyone** other than yourself unless you submit this authorization.

**AUTHORIZATION/RELEASE**

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act** and authorize the Minnesota Board of Accountancy to provide information contained in my application materials, including any documents, to the following individual:

\_\_\_\_\_ Provide first and last name of third party who may receive information.

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

\_\_\_\_\_ Printed Name of Applicant

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature