

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

333 Guadalupe, Tower 3 Suite 900
Austin TX 78701-3900
www.tsbpa.state.tx.us

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 as to my moral character and fitness, and to make inquiries and request such information from third parties as, in the sole discretion of the Board, is necessary to such investigation. I further authorize the use of any such information in the course of the Board's investigation and evaluation of my moral character and fitness.

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, medical or psychological records), 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 grievance, 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 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.

Notwithstanding any statement herein to the contrary, this Authorization and Release shall operate to agree to the release of only those mental health records relating to the following:

- (a) my being diagnosed with bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and any treatment therefore, within the ten (10) years immediately preceding the filing of my Application of Intent with the Texas State Board of Public Accountancy; and
- (b) my admission to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, since attaining the age of eighteen or within the ten (10) years immediately preceding the filing of my Application of Intent, whichever period is shorter.

This limitation, however, does not apply to records relating to chemical dependency.

Signature of Applicant

Subscribed and sworn to before me on this _____ day of _____, _____.

Signature of Notary

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