Consent to Release Personal Information

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize [Institution] to release the information below to CFP Board for the sole purpose of verifying that I have satisfied CFP Board’s coursework requirement for exam eligibility:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Four Digits of Social Security Number**\*** \_\_\_\_\_\_\_\_\_\_\_

CFP Board ID Number**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (phone number on CFP Board Account preferred) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (address on CFP Board Account preferred) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Optional fields not required to match education verification submission to your CFP Board account. However, the inclusion of this information will aid in the verification of your required coursework.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature