



American Institute of CPAs  
220 Leigh Farm Road  
Durham, NC 27707-8110

## AICPA Information Release Form

**Member Authorization - Please fill out all fields.**

I, \_\_\_\_\_ give my consent to the American Institute of CPAs to release this personal membership information to the requestor.

Member Name:

Member Company:

AICPA Member Number:

Address:

City:

State:

Postal Code:

Phone:

Email:

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Information authorized to release:

**AMC Institute Use Only:**

Join Date

**Date Contacted**

Membership Status

**Status**

**Eligibility  
Verified**

**Yes  
No**

**Signature** \_\_\_\_\_