

Consent to Release Personal Information

Resource Document

I, _____, authorize Bryant University to release the information below to CFP Board for the sole purpose of verifying that I have satisfied CFP Board's Education Requirement:

Last Four Digits of Social Security Number* _____

CFP Board ID Number* _____

Phone Number _____

Email Address _____

Dates of Attendance _____

Signature

Date

*Not required, but the inclusion of this information will aid in the verification of your education.