



**INSTRUCTIONS:**

Email form to: [DPichoiceauditreports@dpi.wi.gov](mailto:DPichoiceauditreports@dpi.wi.gov)

**PRINT OR TYPE EXCEPT FOR SIGNATURES**

**ADDITIONAL INSTRUCTIONS:** The school must select a firm and an audit partner that is licensed by the Department of Safety and Professional Services. This can be verified at <https://license.wi.gov/s/license-lookup>.

Wis. Stats. 119.23 and 118.60, and Wis. Admin. Codes PI 35 and PI 48 require that schools participating in the Private School Choice Programs (Choice Program or Choice) engage a certified public accountant "auditor" to provide reports to the Department of Public Instruction. This form is required for all schools before any information regarding the school and its pupils will be released by the Department of Public Instruction to a public accounting firm so engaged by the school. **A new auditor authorization form is required when the school changes auditors.**

**I. SCHOOL INFORMATION**

Name of School

School Street Address *No PO box. Not billing/church address.*

City

**WI**

ZIP

Name of Choice Administrator

Choice Administrator Signature



Date Signed *Mo./Day/Yr.*

**II. AUDITOR AGREEMENT**

The auditor, by providing an authorized signature below, agrees to comply with all requirements of Wis. Stats. 119.23 and 118.60, and Wis. Admin. Codes PI 35 and PI 48 and acknowledges being aware that the Department of Public Instruction will rely on the auditor's work in making payments to the school. The auditor further acknowledges a duty not to provide individual pupil information to or discuss such information with anyone except school staff, auditing firm staff, and the Department of Public Instruction.

Name of Certified Public Accounting Firm "Auditor"

CPA Firm Credential Number

Phone *Area/No.*

Accounting Firm Mailing Address

City

State

ZIP

Name of Individual at Firm Authorized to Accept Engagement

CPA Credential Number

E-mail Address of Authorized Individual

Signature of Individual Authorized to Accept Engagement



Date Signed *Mo./Day/Yr.*

**III. SCHOOL INFORMATION RELEASE AUTHORIZATION**

**WE HEREBY CONFIRM** that the above identified Certified Public Accounting Firm has been engaged to provide reports to the Wisconsin Department of Public Instruction as required by Wis. Stats. 119.23 and 118.60, and Wis. Admin. Codes PI 35 and PI 48. The Wisconsin Department of Public Instruction is hereby authorized to release information regarding the school and its pupils directly to the above named auditor. The management of the operating organization, if applicable, and the school recognize that no Choice Program payments can be made to the school if the auditor is not eligible to practice public accounting in the State of Wisconsin at the time of report issuance, and that failure to provide required reports may result in termination from the Choice Program.

The authorization must be completed by the head of the governing board or the owner of the school. If the school is a not-for-profit organization, the head of the governing board must complete the authorization below.

Indicate who will complete the authorization below.

Head of Governing Board

Owner of School

Name of Authorizing Individual

Phone *Area/No.*

Signature of Authorizing Individual



Date Signed *Mo./Day/Yr.*