Wisconsin Department of Public Instruction
**SPECIAL NEEDS SCHOLARSHIP PROGRAM AUDITOR AUTHORIZATION**
PI-SNSP-0101 (Rev. 02-25)

**INSTRUCTIONS:**

Email form to: **snsp@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. Stat. 115.7915 and Wis. Admin. Code PI 49, require that schools participating in the Special Needs Scholarship Program (SNSP) 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 Name of SNSP Administrator | | | |
| SNSPAdministrator 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. Stat. 115.7915 and Wis. Admin. Code PI 49 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 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. Stat. 115.7915 and Wis. Admin. Code PI 49. 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 SNSP 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 SNSP.

| Name of Authorizing Individual | Phone *Area/No.* |
|---|---|
| Signature of Authorizing Individual ➢ | Date Signed *Mo./Day/Yr.* |