



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Kaushani Jo Dasgupta* License #: *14901*

I authorize the Alabama State Board of Public Accountancy to release information in regards to the status of my license.

ALABAMA BOARD VERIFICATION:

LICENSE #: *14901* Certification Date: *06/20/2023*

Board Signature: _____

A handwritten signature in green ink, appearing to read "D. Boyd Busby", is written over a horizontal line.

D. Boyd Busby
Executive Director

Date: *04/03/2026*