



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Kamolika Sh Datta* License #: *7293*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *7293* Certification Date: *02/26/1996*

Board Signature: _____

A handwritten signature in green ink that reads "D. Boyd Busby".

**D. Boyd Busby
Executive Director**

Date: *04/01/2026*