From:	Office of Charter and Renaissance Schools – Finance Unit New Jersey Department of Education			
	Y	ear-End Auditor Info	ormation	
Name of Cl	narter/Renaissance Sc	hool:		
Name of A	aditing Firm:			
	C			
Address of	Auditor			
Street:				
City:		State:	Zip Code:	
Dates				
Please enter	r dates as mm/dd/yyyy	y. For example, 09/01/2020.		
Date of App	pointment:			
Start Date of	of Fieldwork:			
Anticipated	Date of Audit Comp	letion:		

Attach a copy of the board resolution appointing the auditor.

Charter and Renaissance School Leaders/SBA

To: