

REQUEST FOR CHANGE OF NAME, ADDRESS AND/OR DEFAULT ONLINE PASSWORD/ID (CoN PW/ID) 05/15

Illinois Board of Examiners
 Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563
 PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: www.ilboa.org • E-MAIL: help@ilboa.org

Use this form to request the following:

***Changes to Names, Addresses, E-mails, Online System IDs and/or Phone Numbers
 AND
 Initial Online System Log-In IDs (ID) and Passwords (PW)***

If you legally changed your name, send a photocopy or electronic attachment of your birth certificate, marriage license, divorce decree, court order, etc. with this request to verify your name change. A name change cannot be made without it.

*If simply adding a middle initial for the name change, only this form is required.

***=Required on all forms regardless of other changes.**

Indicate all changes with a check mark in this column.	I. If you have never used the Online System before (used to view scores, pay for & submit applications, verification requests, etc.), please follow the instructions below: 1. Go to the Online System. 2. Attempt to create a new account. 3. When asked if you have ever dealt with this agency before, select "Yes". *** <u>(You should receive your default ID & PW.) Please copy & paste them in order to avoid errors.</u> *** <hr/> II. If you have used the Online System before, your ID is the full e-mail address you provided on your last application/change request. If you forgot your PW, please go to the Online System and click "Forgot PW" and follow the instructions. *** <u>If none of the above are successful, please contact our office.</u>
	*Current Name on File (Last, First, Middle)-Please use commas to separate:
	New Name (Last, First, Middle)-Please use commas to separate:
	New Mailing Address:
	New City, State & Zip/Postal Code:
	New Province/Country:
	New E-mail (Do you wish to change the ID to the new e-mail address listed below Yes [] No []):
	*New/Current Phone Number:
	*Date of Birth:
	U.S. Social Security Number (if applicable):
	*Certificate Number: OR Date of issuance: OR Not Applicable []
	*Do you currently have an application on file?: Yes [] No [] If yes, select the type(s) below: [] Credential Evaluation [] CPA Exam [] Reciprocal Application [] Total Transfer of Credit
	<u>*Submission of form constitutes an electronic signature.</u>
	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Name (Printed) Date </div>

FOR OFFICE USE ONLY	
Request processed by: _____	_____
Name (Printed) or Signature	Date
Select systems edited: <input type="checkbox"/> NASBA Gateway <input type="checkbox"/> RegUsersV20 <input type="checkbox"/> VR	
Request sent to Khaled via: <input type="checkbox"/> E-Mail	On the following date: _____
Request received via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	