

Illinois Board of Examiners

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PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: [www.ilboe.org](http://www.ilboe.org) • E-MAIL: [help@ilboe.org](mailto:help@ilboe.org)

Use this form to request the following:

*Changes to Names, Addresses, E-mails, Online System IDs and/or Phone Numbers*

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.

<b>***Indicate all changes with a check mark in this column.***</b>	<b>*=Required on all forms regardless of other changes.</b>
	*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 Address:
	*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
	<b><u>*Submission of form constitutes an electronic signature.</u></b>
	_____
	<b>Name (Printed)</b> <span style="float: right;"><b>Date</b></span>

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	