

Illinois Board of Examiners
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Use this form to request the following:

Changes to Your Online System ID
OR
Initial Online System Log-In IDs (ID) and Passwords (PW) Requests

1. Previous User-Accessed online account previously and need to change my ID ONLY. Complete questions 1-5 only.
\*Please allow 1-3 business days for the ID to be updated.

2. New User-NEVER accessed online account and need to obtain an ID & PW. Complete entire form.
\*Please allow 1-3 business days for the ID to be updated. Once updated, please select "Forgot PW" at your online account, enter the answer to your Security Question (given below) and a temporary PW will be emailed to you. Please COPY and PASTE the temporary PW back into the online account for access.

Previous Users please complete questions 1-5 only.

New Users please complete ENTIRE form.

(Please type or print legibly)

- 1. Current Name on File (First, Middle, Last)
2. Date of Birth, 3. Phone Number on File
4. Last Four Digits of U.S. Social Security Number (if applicable)
5. Email (This full address will default as your log in ID.)
6. Select desired Security Question and submit the answer:
- Question 1: What is your mother's maiden name?
- Question 2: Where were you born?
- Question 3: On what street did you grow up?

Under penalty of perjury, I certify to the truth and accuracy of all answers and representations made on this request form.

Name (Printed) Signature Date

\*Submission of form constitutes an electronic signature.

FOR OFFICE USE ONLY
Request processed by: Name (Printed) or Signature Date
Select systems edited: RegUsersV20 VR
Request sent to Khaled via: E-Mail On the following date:
Request received via: E-Mail Fax Mail

