

**NAME, ADDRESS, E-MAIL, SSN CHANGE FORM**

08/21

Illinois Board of Examiners

Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563

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**To verify your name change, please send a photocopy or electronic attachment of your birth certificate, marriage license, divorce decree, court order, etc. A name change will not be made without legal proof. If you are adding only a middle initial to your name, no such proof is required.**

**We highly recommend you write your name as it appears on your primary id.**

Indicate changes with a check mark	<b>* = Required information</b>
	*Current name on file (Last, First, Middle) Please print.
	New Name (Last, First, Middle) Please print.
	New Mailing Address
	New City, State and Zip/Postal Code:
	New Province/Country
	New Email Address
	*New/Current Phone Number
	*Date of Birth
	U.S. Social Security Number (Only if applicable)
	_____
	Name (Signed) <span style="float: right;">Date</span>

For Office Use Only	
Request processed by: _____	Date: _____
Select Systems Edited: <input type="checkbox"/> NASBA Gateway <input type="checkbox"/> Reg Users V20 <input type="checkbox"/> VR	
Request received via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	