

**ONLINE ACCOUNT PASSWORD & ID REQUEST**

8/21

Illinois Board of Examiners  
Mailing Address: 1120 E. Diehl Road, Suite 107  
Naperville, IL 60563

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

[ ] **1.** I have previously accessed my online account and need to change my ID ONLY. **Complete questions 1-5.**  
**\*Please allow 1-3 business days for the ID to be updated.**

[ ] **2.** I have NEVER had an 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.**

**1. Current Name on File**

\_\_\_\_\_

<b>First</b>	<b>Middle</b>	<b>Last</b>
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**2. Date of Birth** \_\_\_\_\_ **3. Phone Number on File** \_\_\_\_\_

**4. Last Four Digits of U.S. Social Security Number** XXX-XX- \_\_\_\_\_

**5. Email (This full address will default as your log in ID.)** \_\_\_\_\_

**6. Select one Security Question with 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

For Office Use Only	
Request processed by: _____	Date: _____
Select systems edited: [ ] RegUsersV20 [ ] VR	
Request received via: [ ] E-Mail [ ] Fax [ ] Mail	