Illinois Board of Examiners
Change of Name, Address, E-mail, Phone
Request for Online Application Database ID and Password

*If you legally changed your name, please **send a photocopy** of your birth certificate, marriage license, or court order with this request to verify your name change. A name change cannot be made without documentation.*

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

Indicate all **new** information with a check mark ✓ in this column ↓	* Effective Date: _____
	Check the box if you are asking the Board send your Default User ID and Password to gain access to the online application database? ❒ Yes
	* Current Name on file (Last, first, middle) :
	New Name (Last, first, middle) :
	U.S. Social Security # (optional):
	* Date of Birth:
	New Street Address:
	City, State, Zip/Postal Code:
	Country:
	* Previous Phone: * New or Current Phone:
	Daytime Phone (if different from above)
	Current/New e-mail address:
	* Are you an Illinois CPA? ❒ Yes ❒ No If yes, in what year were you certified? _____
	* Do you currently have an application on file? ❒ Yes ❒ No If yes, check type(s) below:
	❒ CPA Exam ❒ Reciprocal ❒ Total Transfer of Credit ❒ Credentials Evaluation
	*** Signature** Date / /

The change of address and/or name cannot be processed without your signature.

Mail to: Illinois Board of Examiners
100 Trade Centre Drive, Suite 403
Champaign, IL 61820-7233

Or Fax: 217-531-0960

For Office Use Only:

Change made by Date / / Changed on LE ❒ GW ❒ CD ❒

Requested by: Mail ❒ Fax ❒ E-mail ❒ Walk-in ❒

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