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, **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: _____ **Please print legibly**
	Check the box if you want the Board to email your Default User ID and Password to gain access to the Online Application Database. ❒ Yes Check the box if you want your online User ID changed to the email address listed below. ❒ Yes
	* Current Name on file (Last, first, middle) :
	New Name (Last, first, middle) :
	U.S. Social Security # (optional):
	* Date of Birth:
	New Street Address:
	New City, State, Zip/Postal Code:
	New Country:
	* Previous Phone: * New or Current Phone:
	Daytime Phone (if different from above)
	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:
	❒ Credentials Evaluation ❒ CPA Exam ❒ Reciprocal Cert. ❒ Total Transfer of Credit
	*** Signature** Date / /

***Changes cannot be processed without your signature*.**

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

Fax: 217-531-0960 (secure location in office)
Email as attachment: help@ilboa.org

For Office Use Only:				
Change made by	Date / /	Changed on LE ❒	NASBA GW ❒	
Requested by: Mail ❒	Fax ❒	E-mail ❒	Walk-in ❒	Rev.10-2011