

# Accountancy Board of Ohio

## Information Change Request Form

- ◆ Address change- Name, date of birth, old address, new address, your signature is required.
- ◆ Name change- Previous name, date of birth, new name, date of birth, copy of marriage certificate, or security card, court documents or driver's license (legal documentation) and your signature is required.
- ◆ Social Security Number(SSN) change - Name, previous SSN, name, new SSN, a copy of new U.S. Social Security ID Card, and your signature is required.

You may fax or email this form to CPA Examination Services. **Fax:** 615-312-3792 **Or Email:** cpaes-oh@nasba.org

**\*=Required regardless of other changes.**

### INFORMATION CURRENTLY ON RECORD

\*Name: \_\_\_\_\_  
First MI Last/Surname

\*Date of Birth: \_\_\_\_\_ US SSN(if changing): \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country/Province: \_\_\_\_\_

Email: \_\_\_\_\_



### NEW INFORMATION

\*Name: \_\_\_\_\_  
First MI Last/Surname

\*Date of Birth: \_\_\_\_\_ US SSN(if changing): \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country/Province: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\*Candidate Signature

\_\_\_\_\_  
\*Date

### FOR OFFICE USE ONLY

Change made by \_\_\_\_\_ Date \_\_\_\_\_

Changed in which system: CBT  GW