

# Delaware State Board of Accountancy

## 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-de@nasba.org

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

<b>INFORMATION CURRENTLY ON RECORD</b>	
*Name: _____	
First	MI
Last/Surname	
*Date of Birth: _____	US SSN(if changing): _____
Address: _____	
Apt: _____	Phone #: _____
City: _____	State: _____
Zip Code: _____	Country/Province: _____
Email: _____	



<b>NEW INFORMATION</b>	
*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