

# Rhode Island 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-ri@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