

CPA Examination Services

Information Change Request

If you are a CPA Examination candidate for any of the these states:

Alaska Colorado Connecticut Delaware Florida Georgia Hawaii Indiana Iowa Kansas Louisiana Maine
 Massachusetts Michigan Minnesota Missouri Montana Nebraska New Hampshire New Jersey
 New Mexico New York Ohio Pennsylvania Puerto Rico Rhode Island South Carolina Tennessee Utah
 Vermont Washington Wisconsin

Use this form to request a change to any of the following:

- Name
- Date of Birth
- Mailing Address

NOTE: For those candidates who applied to any of the states listed above, if you only need to update an email address, you can do that at any time through the *CPA Central - Account Information* tool available at <https://cpacentral.nasba.org>.

Part 1 – Information Currently on Record:

1. Applicant's Name: _____
First M. I. Last

2. Date of Birth: _____
mm/dd/yyyy

3. Jurisdiction ID: _____
Available on the CPA Central sign in page

4. Jurisdiction or state to which you have applied: _____
If the state you applied to is not listed above, you will not submit this form. You must contact your board of accountancy directly to update your information.

Part 2- New Information:

Name and Date of Birth changes require supporting documentation:

- Copy of marriage certificate OR
- Copy of court documents changing your name OR
- Copy of new Government Issued ID/Passport (for Date of Birth changes only)

Information to be changed <small>(Check all that apply)</small>	Change <u>from</u> this:	Change <u>to</u> this:
<input type="checkbox"/> Name		
<input type="checkbox"/> Date of Birth		
<input type="checkbox"/> Address (street 1)		
(street 2)		
(City, State, Zip)		

_____ Date

_____ Applicant's Signature (required)

RETURN THIS FORM TO:

Fax: 615-312-3792
 cpaexam@nasba.org

CPAES
 PO Box 198469
 Nashville, TN 37219

For Office Use Only

Updated by: _____ Date: _____

ATT update required? Yes No ATTUPDATE sent? Yes No