CPA Examination Services  
Information Change Request

If you are a CPA Examination candidate for any of these jurisdictions:
Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Guam, 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, or Wisconsin

Use this form to request a change to any of the following:
- Name
- Date of Birth
- Mailing Address

NOTE: If you only need to update your email address and you applied to one of the states listed above, you can make that change at any time through the CPA Central – Accounting Information tool available in your user account 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: _____________________________

4. Jurisdiction or state to which you have applied: ___________________  
   Available on the CPA Central sign in page
   If the jurisdiction is not listed above, 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)

<table>
<thead>
<tr>
<th>Information to be changed</th>
<th>Change from this:</th>
<th>Change to this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>(street 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(street 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(City, State, Zip)</td>
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</tbody>
</table>

__________________________  ____________________________________________________
Date                      Applicant’s Signature (required)

RETURN THIS FORM TO:  Fax: 615-312-3792
CPAES
cpaexam@nasba.org
PO Box 198469
Nashville, TN 37219

For Office Use Only

Updated by: ____________________________  Date: ____________________________
ATT update required? □ Yes □ No  ATTUPDATE sent? □ Yes □ No