



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001



## LICENSURE UPDATE REQUEST

### EDUCATOR EFFECTIVENESS DEPARTMENT

**Directions:** Please print or type the information requested, and sign in ink. Return this completed form to the address above.

NAME (Last, First, MI, Maiden)	IEIN	DATE OF BIRTH (MM/DD/YYYY)
CURRENT ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

**PART I NAME CHANGE** – Attach a copy of an official document verifying the name change.

CHANGED FROM	CHANGED TO
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**PART II DATE OF BIRTH CORRECTION** – Attach a copy of an official document verifying the correct date of birth.

CHANGED FROM	CHANGED TO
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**PART III SOCIAL SECURITY NUMBER CORRECTION** – Attach a copy of an official document verifying the correct social security number.

CHANGED FROM	CHANGED TO
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*I do hereby affirm that the above information is true, accurate and complete.*

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

\_\_\_\_\_ *Original Signature*