

ILLINOIS STATE BOARD OF EDUCATION

Educator Licensure Division
100 North First Street, S-306
Springfield, Illinois 62777-0001



LICENSURE UPDATE REQUEST

Directions: Please print or type the information requested, and sign in ink. Return this completed form to the address above. This form may be used to indicate a change in name in Part I, or to notify us of a change in degree in Part II.

NAME (Last, First, MI, Maiden)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)
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 **Degree Change** - Attach an official transcript from a recognized teacher education institution showing the degree to update our records.

INSTITUTION	DEGREE	DATE RECEIVED
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I do hereby affirm that the above information is true, accurate and complete.

_____ *Date*

_____ *Original Signature*