

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.

NAME (Last, First, MI, Maiden)	SOCIAL SECURITY NUMBER	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
--------------	------------

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

CHANGED FROM	CHANGED TO
--------------	------------

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

CHANGED FROM	CHANGED TO
--------------	------------

PART IV GENDER CORRECTION – Attach a copy of an official document verifying the correct gender.

CHANGED FROM	CHANGED TO
--------------	------------

PART V DEGREE CHANGE – Attach an official transcript from a recognized teacher education institution showing the degree to update our records.

INSTITUTION	DEGREE	DATE RECEIVED
-------------	--------	---------------

I do hereby affirm that the above information is true, accurate and complete.

_____ Date

_____ Original Signature