

Minnesota State Board of Public Accountancy

Information Change Request Form

- ◆ Address change- Name, date of birth, old address, new address, your signature is required.
- ◆ Name change- Previous name, date of birth, new name, date of birth, copy of marriage certificate, or security card, court documents or driver's license (legal documentation) and your signature is required.
- ◆ Social Security Number(SSN) change - Name, previous SSN, name, new SSN, a copy of new U.S. Social Security ID Card, and your signature is required.

You may fax or email this form to CPA Examination Services. **Fax:** 615-312-3792 **Or Email:** cpaes-mn@nasba.org

***=Required regardless of other changes.**

INFORMATION CURRENTLY ON RECORD	
*Name: _____	
First	MI
Last/Surname	
*Date of Birth: _____ US SSN(if changing): _____	
Address: _____	
Apt: _____	Phone #: _____
City: _____	State: _____
Zip Code: _____	Country/Province: _____
Email: _____	



NEW INFORMATION	
*Name: _____	
First	MI
Last/Surname	
*Date of Birth: _____ US SSN(if changing): _____	
Address: _____	
Apt: _____	Phone #: _____
City: _____	State: _____
Zip Code: _____	Country/Province: _____
Email: _____	

*Candidate Signature

*Date

FOR OFFICE USE ONLY	
Change made by _____	Date _____
Changed in which system: CBT <input type="checkbox"/> GW <input type="checkbox"/>	