# Missouri State Board of 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-mo@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❑ GW❑