

Wisconsin Accounting Examining Board

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-wi@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 ☐