



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



LICENSURE UPDATE REQUEST

EDUCATOR EFFECTIVENESS DEPARTMENT

Directions: Please print or type the information requested, and sign in ink. Return this completed form to the address above. You can also email your form and required documents to licensureforms@isbe.net.

NAME (Last, First, MI, Maiden)	IEIN	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
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PART II DATE OF BIRTH CORRECTION – Attach a copy of an official document verifying the correct date of birth.

CHANGED FROM	CHANGED TO
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Directions: The form and accompanying social security card may be uploaded by a regional office of education (ROE) <https://www.isbe.net/Pages/contact-licensure.aspx>, uploaded by an institution of higher education (IHE) if the educator is actively enrolled in a preparation program, emailed to licensureforms@isbe.net, or City of Chicago teachers may mail their form and card directly to The Educator Effectiveness Department at ISBE using the address at the top of this form. ROE/IHE upload is preferable because email transmission of sensitive documents is not secure.

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

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

_____ Date

_____ Original Signature