



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

NAME AND ADDRESS CHANGE FORM

CONTACT INFORMATION: (As it Currently Appears On Your License) LICENSE NO. _____
NAME _____ SOC. SEC NO. _____
ADDRESS _____
CITY, COUNTY, STATE, ZIP CODE _____
TELEPHONE # _____ EMAIL ADDRESS _____

UPDATED ADDRESS INFORMATION:

NEW MAILING ADDRESS _____
(MUST BE A STREET ADDRESS, P.O. BOXES ARE NOT ACCEPTABLE)
CITY, STATE, ZIP CODE _____
TELEPHONE # _____
FAX # _____ EMAIL ADDRESS _____
SIGNATURE (Required) _____ DATE _____

NAME CHANGE INFORMATION:

***Must include stamped or certified document (or photocopy of a stamped or certified) of one of the following:**

marriage certificate divorce decree court order naturalization document

* NEW NAME _____
SIGNATURE (Required) _____ DATE _____

If you have any questions, please contact our office at 800/560-6420.

Return Original To:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - LAU
320 West Washington Street
Springfield, Illinois 62786
Fax: 217-557-8073