



# 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](mailto: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)	
	EMAIL	

**PART I NAME CHANGE** – Attach a copy of an official document verifying the name change.

CHANGED FROM	CHANGED TO
--------------	------------

**PART II DATE OF BIRTH CORRECTION** – Attach a copy of an official document verifying the correct date of birth.

CHANGED FROM	CHANGED TO
--------------	------------

**Directions:** This form and a copy of a Social Security card may be uploaded by a Regional Office of Education (ROE). See the [ISBE Licensure Message Center webpage](#). The information also may be uploaded by an institution of higher education (IHE) if the educator is actively enrolled in a preparation program or it can be emailed to [licensureforms@isbe.net](mailto:licensureforms@isbe.net). 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 that the Social Security number is correct.

CHANGED FROM	CHANGED TO
--------------	------------

*I do hereby affirm that the above information is true, accurate and complete.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Digital or Original Signature