



**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 \_\_\_\_\_ SSN OR ITIN \_\_\_\_\_  
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 \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
SIGNATURE (Required) \_\_\_\_\_ DATE \_\_\_\_\_

**NAME CHANGE INFORMATION:**

\*Must include a stamped or certified COPY of one of the following documents:

**marriage certificate      divorce decree      court order      naturalization document**

\* NEW NAME (Please Print) \_\_\_\_\_  
SIGNATURE (Required) \_\_\_\_\_ DATE \_\_\_\_\_

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

Please submit your request through one of the options below:

email to: [fpr.lmu@illinois.gov](mailto:fpr.lmu@illinois.gov)

or mail to: Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation - LAU  
320 West Washington Street  
Springfield, Illinois 62786

**NOTE: Do NOT mail original documents to the Department. Only COPIES should be sent with mail requests.**