



Butler University

Address/Phone/Name Change Form

SUBMISSION INSTRUCTIONS

Students: Submit your form to Registration and Records. **Faculty and staff:** Submit your form to Organizational Development.

University ID Number: _____ Name: _____

Affiliation with the University (Mark all that apply): Student Faculty Staff

NAME CHANGE

Effective Date: _____

Must attach a copy of new social security card

Prior Name (last, first, middle): _____

New Name (last, first, middle): _____

ADDRESS AND TELEPHONE CHANGE

Effective Date: _____

Home: Your permanent address.

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Current: This address is intended to be used as your on campus, Study Abroad, or local if different from your home address.

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Billing: This is the address that your student bill and related material will be sent (only if different from the Home Address).

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Signature: _____ **Date:** _____

Internal Use Only

Updated in the system by:

Sign:

Date: