Butler University
Address/Phone/Gender/Name Change Form

SUBMISSION INSTRUCTIONS
Students: Submit your form to Registration and Records. Faculty and staff: Submit your form to Human Resources.

University ID Number: ________________________ Name: ______________________________

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

NAME CHANGE
Must attach a copy of new social security card

Effective Date: ____________________________

Prior Name (last, first, middle): ______________________________________________________

New Name (last, first, middle): ______________________________________________________

GENDER CHANGE

Effective Date: ____________________________

Prior Gender:   ☐ Male  ☐ Female  ☐ Other

New Gender:  ☐ Male  ☐ Female  ☐ Other

ADDRESS AND TELEPHONE CHANGE

Home: Your permanent address.

Address line 1: ________________________________________________________________

Address line 2: ________________________________________________________________

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: ________________________________________________________________

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: ________________________________________________________________

City: __________________________ State: __________ Zip Code: __________

Phone: ( ) -

Signature: ____________________________ Date: __________________

Internal Use Only

Updated in the system by:  Sign:  Date: