Address Change Form

Please use this form if IFSA-Butler has accepted you into a program and you have changed your home, school, or billing address. Federal regulations require official documentation and a signature for address changes.

Name _____
First *Middle* *Last*

Home college or university _____

Overseas university _____

Please select the address to which this form pertains:

❑ School ❑ Home/Permanent ❑ Billing

Old Address––Please list the complete address you supplied to IFSA-Butler on your application or program forms.

Street _____

City _____

State _____ ZIP _____

Telephone _____

New Address

Street _____

City _____

State _____ ZIP _____

Telephone _____

Date this new address is effective _____

Signature _____ Date _____

Submit this form to:

Institute for Study Abroad
Butler University
1100 W. 42nd Street, Suite 305
Indianapolis, IN 46208-3345
Fax: 317-940-9704