



# Address Change Form

Name \_\_\_\_\_  
*First Middle Last*

Home institution \_\_\_\_\_

Overseas program \_\_\_\_\_

**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 \_\_\_\_\_

*By completing this form, you acknowledge that you have changed your permanent address and wish for your transcript and other important documents to be mailed to the new address above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form to:** Institute for Study Abroad Butler  
University  
6201 Corporate Drive, Suite 200  
Indianapolis, IN 46278  
Fax: 317-940-9704