Battelle
The Business of Innovation

Empl ID_____

Change of Address Request

To change your address currently on record with Battelle please send this completed form to:

Battelle Memorial Institute
505 King Avenue, Room A-190
Columbus, OH 43201-2693

*All fields below are required and must be complete in order for your change to be processed.

Name:
Status: **Retiree** ☐ **Former Staff** ☐ **Beneficiary** ☐
Effective Date of Change:
Address Currently on File:
Street:
Street:
City/State/Zip:
Telephone #:
New Address
Street:
Street:
City/State/Zip:
Telephone #:

_____
Signature

_____
Date