



Hope COLLEGE

ACCESS REQUEST

Print, complete and sign this form by hand, then return to CIT. Return the form via:

- Email (scan it or take a high-quality photo that we can read)
- Mail
- In person

We will use the information provided to verify your identity.

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden/Former Name, if applicable	_____ Date of Birth	_____ Last 5 digits of SSN
_____ Email address		_____ Phone
_____ Enrollment Dates		

I am requesting that a Hope College username and password be sent to the email address listed above. Hope College is not responsible for the confidentiality of my personal information after the credentials have been emailed to me. I understand that these credentials are confidential.

Handwritten signature (required to process your request)

Date

Hope College
Computing and Information Technology
110 E. 10th St.
Holland, MI 49423

616.395.7670 Phone
cit@hope.edu
hope.edu/cit
Office Hours: Monday – Friday, 8 a.m. – 5 p.m.