Hope College Change of Address Form

NAME ___________________________  HOPE ID____________________

NOTE: If your emergency contact information is also changing, please update it on your KnowHope Plus account.

This change applies to: (check all appropriate types)
☐ Current  ☐ Permanent  ☐ Billing  ☐ Parent/Guardian  ☐ Parent 2

Name of Parent/Guardian or Parent 2 (if applicable): ____________________________________________

Street _____________________________  Apt # __________
PO Box _____________________________
City _____________________________  State __________  Zip __________
Phone (______) ___________________________
Signature ___________________________________________  Date __________

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PO Box _____________________________
City _____________________________  State __________  Zip __________
Phone (______) ___________________________
Signature ___________________________________________  Date __________