

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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