

Hope College Change of Address Form

NAME _____ HOPE ID _____

NOTE: *If your emergency contact information is also changing, please update it in your plus.hope.edu account.*

This change applies to: (check all appropriate types)

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 _____