

## 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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