

## 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 \_\_\_\_\_