



# plus.hope.edu ACCESS REQUEST

Print, complete and sign this form by hand, then return to the Registrar's Office. Return the form via:

- Email (scan it or take a high-quality photo that we can read)
- Fax (please call to verify we have received it)
- Mail
- In person

We will use the information provided to verify your identity.

Unofficial transcripts are only available for students who attended during or after fall 1984.

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Maiden/Former Name, if applicable	Date of Birth	Last 5 digits of SSN
_____	_____	_____
Email address	Phone	
_____		
Enrollment Dates		

I am requesting that my plus.hope.edu user ID be sent to the email address listed above. Hope College is not responsible for the confidentiality of my personal information after my ID has been emailed to me. I understand that my ID is confidential. Please reset my PIN so I can access my unofficial transcript and my student records online.

_____	_____
Handwritten signature (required to process your request)	Date

Hope College  
Office of the Dean for Academic Services and Registrar  
PO Box 9000 (mail)  
141 E. 12<sup>th</sup> St., DeWitt Center 1<sup>st</sup> floor (in person)  
Holland, MI 49422

616.395.7760 PHONE  
616.395.7680 FAX  
[registrar@hope.edu](mailto:registrar@hope.edu)  
[hope.edu/registrar](http://hope.edu/registrar)  
Office Hours: Monday – Friday, 8 a.m. – 5 p.m.