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•	orm by hand, then return to the I	Registrar's Office. Return the
form via:	1. C. d 194	- J)
Fax (please call to verify	high-quality photo that we can re	eaa)
Mail	we have received it)	
In person		
1		
We will use the information pro	ovided to verify your identity.	
Unofficial transcripts are only a	available for students who attend	ed 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		
Hope College is not responsible	ope.edu user ID be sent to the enee for the confidentiality of my peerstand that my ID is confidential and my student records online.	rsonal information after my ID
Handwritten signature (required to p	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