

Note: This form must be printed out and mailed to us. Your signature is required. Complete one form for each mailing address. There is no longer a charge for this service.



HOPE COLLEGE
HOLLAND, MI 49423

TRANSCRIPT REQUEST

Requestor's Name and Address:

Last : _____ First: _____ MI: _____

Maiden/Former Name/s: _____

Current Address: _____

Daytime Phone: (_____) _____ - _____

Email Address: _____ @ _____

Date _____

Student Number _____

Soc. Sec. Number* _____ - _____ - _____

Date of Birth* _____

Send Transcript as is

Wait for Grades

Term _____ Year _____

SIGNATURE : X

Your transcript will NOT be processed without your signature!!

Send Transcript To:

(Please print FULL name & address clearly.)

Want to Pick Up
Transcript Look
Here →

Wait for Incomplete/Grade Change

Course _____

Wait for Posting of Degree

Dec__ May__ Jul__ Year_____

Check this box if you want to pick up your transcript. You do not have to fill out the "Send To" box if you are going to pick up transcript.

Number of Copies Requested: _____

Currently Enrolled Yes No

If no, Attended Hope From _____ To _____

*** Used for Matching Records;
Does NOT Appear on Transcript**

Fill out this form and send to:

HOPE COLLEGE REGISTRAR
P.O. Box 9000
Holland, Michigan 49422-9000

OR fax a copy to: (616) 395-7680

*Note: Due to confidentiality concerns, we do **NOT** fax transcripts out. They will only be mailed to the address you provide. However, arrangements can be made for special delivery service. You may call our office, 616-395-7760 for processing details & applicable fees.*