

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. Use the tab key to move from one text field to the next in the form below.



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.)

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.

Want to Pick Up  
Transcript Look  
Here

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.