

Transcript Request Form



Medicine Hat College
299 College Drive S.E.
Medicine Hat, AB T1A 3Y6
PH: 403.525.2658
FAX: 403.504.3521
transcripts@mhc.ab.ca

UNOFFICIAL COPIES OF TRANSCRIPT AVAILABLE AT REGISTRATION (ID REQUIRED)

- Transcript forms must be completed in full and signed
- Transcripts will be issued under the most recent registered name
- No transcript can be issued if there are any outstanding fees owing to the College
- Transcripts will only be released if this form is signed
- Current enrolment will appear on the transcript as "In progress"

****UNOFFICIAL COPIES OF TRANSCRIPT AVAILABLE WITHOUT FORM FROM REGISTRATION****

Student Personal Information

| | | | | |
|-------------------------|------------|----------------|----------------------------|-------------|
| Last Name | First Name | Middle Initial | Previous Last Name | |
| Current Mailing Address | | City/Town | Prov. | Postal Code |
| Email Address | | Phone | Date of Birth (MM/DD/YYYY) | |

Attendance Information – please complete to the best of your memory

| | | |
|--------------------------|--|-----------------------|
| Medicine Hat College ID# | Last semester/year attended | Program last attended |
| Currently enrolled | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Mailing Instructions

- Email electronic copy to _____ email address (may be considered unofficial by third parties)
- Send immediately in mail – even with pending grades (if applicable)
- Hold until final grades are received for
 - Fall Winter Spring
- Send after final certificate/diploma/applied degree notation is on transcript (please ensure you have applied to graduate)
- Please hold for pickup (photo ID required)

Send Transcripts to (complete address required)

| | | | | |
|---------------|-------------------------|---|-------------|--|
| # of copies | Organization Name | <input type="checkbox"/> Sealed Official <input type="checkbox"/> Personal Use | | |
| Maximum three | Current Mailing Address | | | |
| | City/Town | Prov. | Postal Code | |

| | | | | |
|---------------|-------------------------|---|-------------|--|
| # of copies | Organization Name | <input type="checkbox"/> Sealed Official <input type="checkbox"/> Personal Use | | |
| Maximum three | Current Mailing Address | | | |
| | City/Town | Prov. | Postal Code | |

The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

Student Signature

Date

OFFICE USE ONLY

Date transcript mailed

By: _____