

OFFICE USE ONLY

# 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](mailto:transcripts@mhc.ab.ca)

- Transcript request forms must be completed in full and signed (typed signatures will **not** be accepted)
- Transcripts will be issued under the most recent registered name
- Transcripts will **not** be issued if there are outstanding fees owing to Medicine Hat College
- Current enrolment will appear on the transcript as "In Progress"

## STUDENT PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Previous Last Name
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	

## SEND TRANSCRIPT Now After Fall Grades After Winter Grades After Spring Grades After Final Credential is Posted – please apply to graduate

<input type="checkbox"/> Unofficial PDF Copy for Personal Use (Free) <input type="checkbox"/> Official Electronic Copy for Distribution (\$10)	<input type="checkbox"/> Official Paper Copy (\$25) *	<input type="checkbox"/> Official Electronic Copy for an Alberta Post-Secondary Institution (Free)
You will be emailed a link from MyCreds to a PDF version of your transcript. It will be your responsibility to share your official electronic transcript with your organization/institution or recipient of choice. Sharing a transcript will cost \$10 and will be paid online through MyCreds.  THE ELECTRONIC TRANSCRIPT ISSUED BY THE MYCREDS NETWORK IS THE OFFICIAL TRANSCRIPT OF MEDICINE HAT COLLEGE.	<input type="checkbox"/> Mailing Address: _____ _____ _____  <input type="checkbox"/> Hold for Pick-up  *You will be contacted by phone for a credit card #.	<input type="checkbox"/> Main Admissions Office Institution:  <input type="checkbox"/> Specific Department Institution and Department: _____ _____ _____

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](mailto:foip@mhc.ab.ca)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY
_____ Date transcript mailed
By: _____