

OFFICE USE ONLY

Transcript Request



299 College Drive SE
Medicine Hat, AB T1A 3Y6
Phone: 403.529.3808
Fax: 403.504.3521
transcripts@mhc.ab.ca

- Transcript forms must be completed in full
- Transcripts will be always be issued under the most recent registered name
- No transcript can be issued if there are any outstanding fees owed to the College
- Transcripts will be 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****

ID Required

Student Personal Information

Last Name	First Name	Middle Initial	Previous Last Name (if applicable)
Current Mailing Address		City/Town	Province
Postal Code	Email Address	Phone	Date of Birth (dd/mm/yyyy)

Attendance information - *please complete to the best of your memory*

Medicine Hat College ID#	Last semester/year attended	Program Last Attended
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Mailing Instructions

- Email electronic copy to my mymhc.ca email address (may not be considered official by third parties)
- Send immediately - even with pending grades (if applicable)
- Hold until final grades for: Fall Winter Spring
- Send after final Certificate/Diploma/Applied Degree notation is on transcript Will pick up (Photo ID required for pickup)

SEND TRANSCRIPTS TO (COMPLETE ADDRESS REQUIRED)

# of copies Maximum 3	Name:		
	Address:		
	City:	Province:	Postal Code:
# of copies Maximum 3	Name:		
	Address:		
	City:	Province:	Postal Code:

I certify that the above information is correct to the best of my knowledge. The personal information collected on this form and other personal information collected and maintained as part of a student record will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. In signing this form, a student consents to disclosure of personal information to the Medicine Hat College Students' Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. This information is collected under the authority of the Post-Secondary Education Act that mandates the programs and services offered by Medicine Hat College and will be protected by the provisions of the Alberta Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of this information please contact Medicine Hat College FOIP Coordinator, Medicine Hat College, 299 College Dr SE, Medicine Hat, AB T1A 3Y6 or phone 403.529.3811 or 1.866.282.8394.

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Date Transcript Mailed

By: _____

*Transcript Request Form
January 2017*

Student's Signature

Date