

OFFICE USE ONLY

# Transcript Request



299 College Drive SE  
Medicine Hat, AB T1A 3Y6  
Phone: 403.529.3808  
Fax: 403.504.3521

- Transcript forms must be completed in full
- Transcripts will be issued under the most recent registered name
- No transcript will be issued if there are any outstanding fees owed to the College
- Transcripts will be released to a third party only on presentation of written authorization from the student

The personal information you provide on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. This information will be used by Student Services to process transcript requests. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta.

## Student Personal Information

CURRENTLY ENROLLED YES  NO

Last Name	First Name	Middle Initial	Previous Last Name (if applicable)	Medicine Hat College ID#
Current Mailing Address				Date of Birth (dd/mm/yyyy)
City/Town	Province	Postal Code	Phone Number	Last semester/year attended
Do you want this address as your new permanent address in MHC records? YES <input type="checkbox"/> NO <input type="checkbox"/>				Program Last Attended

## Mailing Instructions

COURSES CURRENTLY ENROLLED IN WILL APPEAR ON TRANSCRIPT

PLEASE CHOOSE ONE ONLY

- Send Immediately (Transcripts issued to student will bear stamp "Student Copy")
- Send after final grades for: Fall  Winter  Spring
- Send after final Certificate/Diploma/Applied Degree notation is on transcript (available 4-6 weeks after semester ends)
- Will pick up (Photo ID required for pickup) (Will bear stamp "Student Copy")

## SEND TRANSCRIPTS TO (COMPLETE ADDRESS REQUIRED)

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

**Student Authorization**  
I hereby authorize Medicine Hat College to release the transcript of my academic record.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

\_\_\_\_\_  
Date Transcript Mailed

By: \_\_\_\_\_