

Transcript Request Form



Medicine Hat College
299 College Drive S.E.
Medicine Hat, AB T1A 3Y6
PH: 403. 529.3844.
FAX: 403.504.3521
transcripts@mhc.ab.ca

Protection of Privacy

The personal information collected through application form is for to print student's transcripts. This collection is authorized by Section 4(c) of the Protection of Privacy Act and. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8946, smaass@mhc.ab.ca, Medicine Hat College.

- Transcript request forms must be completed in full and signed (**digital & 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

Would you like your address updated in our system? Yes No

Last Name	First Name	Middle Initial	Previous Last Name	Full Current Address (including postal code)
Phone	Date of Birth (MM/DD/YYYY)	Email Address		

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 – *you must apply to graduate*

<input type="checkbox"/> Unofficial PDF Copy for Personal Use (Free) <input type="checkbox"/> Official Electronic Copy for Distribution (\$12) You will be emailed a link from MyCreds. It will be your responsibility to share your official electronic transcript with your organization/institution or recipient of choice. Sharing a transcript will cost \$12 and will be paid online through MyCreds. THE ELECTRONIC TRANSCRIPT ISSUED BY THE MYCREDS NETWORK IS THE <u>OFFICIAL TRANSCRIPT</u> OF MEDICINE HAT COLLEGE.	<input type="checkbox"/> Official Paper Copy (\$25) * Institution/Recipient Mailing Address: <input type="checkbox"/> Hold for Pick-up (\$25) *You will be contacted by phone for a credit card #.	<input type="checkbox"/> Official Electronic Copy for an Alberta Publicly Funded Post-Secondary Institution (Free): https://www.alberta.ca/types-publicly-funded-post-secondary-institutions Receiving AB Publicly Funded Institution (please specify):
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Hand-written signature

Date

June 11, 2025