Transcript Request Form

MEDICINE HAT

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

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

- 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 INFOF	RMATION			
Would you like your address u	ipdated in our system? Ye	es No		
Last Name I	First Name	Middle Initial	Previous Last Name	Full Current Address (including postal code)
Phone Date of Birth (MM/DD/YYYY)	Email Address	
ATTENDANCE INFORMATION	DN – please complete to the	best of y	your memory	
Medicine Hat College ID# Last Semester/Yea		ır Attende	ded Program Last Attended	
Currently Enrolled	Yes 🗆 No		·	
SEND TRANSCRIPT No	ow □After Fall Grades	□After	er Winter Grades	☐ After Final Credential is Posted – you must apply to graduate
□ Unofficial PDF Copy for Personal Use (Free) □ 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 OFFICIAL TRANSCRIPT OF MEDICINE HAT COLLEGE.		Institution	ial Paper Copy (\$25) * ion/Recipient Mailing Address: for Pick-up (\$25) ill be contacted by phone for a credit card #.	□ 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): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Hand-written signature	Date	June 11, 2025
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