

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

**Protection of Privacy**

The personal information collected through this transcript request form is to print student's transcripts. This collection is authorized by Section 4(c) of the Protection of Privacy Act. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8946, [registration@mhc.ab.ca](mailto:registration@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**

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

**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"/> <b>Unofficial PDF Copy for Personal Use (Free)</b>  <input type="checkbox"/> <b>Official Electronic Copy for Distribution (\$12)</b> You will be emailed a link from MyCreds. Sharing a transcript will cost \$12 and will be paid online through MyCreds.  <p style="text-align: center;"><b>THE ELECTRONIC TRANSCRIPT ISSUED BY THE MYCREDS NETWORK IS THE <u>OFFICIAL TRANSCRIPT</u> OF MEDICINE HAT COLLEGE.</b></p>	<input type="checkbox"/> <b>Official Paper Copy (\$25) *</b>  Institution/Recipient Mailing Address or Email Address: _____ _____ _____  <input type="checkbox"/> <b>Hold for Pick-up (\$25)</b>  *Please call MHC at (403) 529-3844 to pay for your transcript	<input type="checkbox"/> <b>Official Electronic Copy for an Alberta Post-Secondary Institution (Free):</b> Receiving AB Post-Secondary Institution (please specify): _____ _____
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Hand-written signature

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Date

April 7, 2026