



Mount Marty Career Placement Office Request for Credential File

Name: _____
(Last) (First) (Middle) Name while attending MMC

Change of Name: _____
*****Please indicate any changes in name or address**

Address: _____

City State Zip Phone Number _____

Year of Graduation: _____

I hereby give authority to the Career Placement Office personnel to release a copy of my Mount Marty College credential file, including my transcript. The purpose of this release is to secure employment. I do so with full knowledge of the FERPA requirements.

Signature: _____

Date: _____

Please send my file to:

_____	_____
_____	_____
_____	_____
_____	_____

The fee is \$5.00 per credential is payable in advance. Credentials are normally mailed within 2 working days of receipt of request.

Please return completed form to:

Mount Marty College
Career Placement Office
1105 West 8th St.
Yankton, SD 57078
Phone: 605-668-1363
Fax: 605-668-1524