

YANKTON COLLEGE

Transcript Request

Need the following:

- Please send \$10 per Request (by check or credit card)

Credit Card # _____ Exp: _____ CVC: _____

- Full Name (middle) _____

- Full Address _____

- Phone # _____

- Date Attended _____

- Where to be sent (person requesting or other) _____

- Signature _____ Date _____

Send to:

Yankton College
PO Box 133
Yankton, SD 57078
(866) 605-3661
jan@yanktoncollege.org