

MARINE ACADEMY OF TECHNOLOGY AND ENVIRONMENTAL SCIENCE
195 Cedar Bridge Road
Manahawkin, NJ 08050

Guidance Phone: (609) 978-8439 x 4013/4029
CEEB Code: 311473

Fax: (609) 978-8540

STUDENT TRANSCRIPT REQUEST

Please check (X) which one you are requesting:

- Transcript
 Health Record

NAME: _____
(MAIDEN NAME IF APPLICABLE)

Year of Graduation: _____ (or) Date of Transfer: _____

Present Address: _____

City, State, Zip Code: _____

Phone #: _____ DOB: _____

** I give permission to the Marine Academy of Technology and Environmental Science (MATES) to send my transcript to:*

Name of College or Place of Employment

Street Address

City

State

Zip Code

*SIGNATURE: _____

DATE: _____

NOTE: A \$5.00 money order payable to OCVTS is required with each request for records.

