

Performing Arts Academy
P.O. Box 1125, Hangar One, NAES
Lakehurst, NJ 08733

Guidance Phone: (732) 286-5678 x 4151

Fax: (732) 657-4500

CEEB Code: 310683

STUDENT RECORD 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 Performing Arts Academy to send my transcript/record to:*

Name of College or Place of Employment

Street Address

City

State

Zip Code

*SIGNATURE: _____

DATE: _____

All record requests received (e.g. submitted online, dropped off, faxed in, or post-marked) must be accompanied by the required \$5.00 fee. Requests received without the appropriate fees will NOT be processed until the correct fees are received. Checks or money order are to be made out to: OCVTS and sent to the above address, Attention: Guidance Record Request