



Adult Education/Evening School

1299 Old Freehold Road

Toms River, NJ 08753

Phone: (732) 473-3100 Ext. 1000 Fax: (732) 286-1196

REQUEST FOR DUPLICATE CERTIFICATE, GRADES OR LETTER OF VERIFICATION

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_  
(Maiden Name if Applicable)

Year of Attendance: \_\_\_\_\_ (or) Year of Completion: \_\_\_\_\_

Center Attended: \_\_\_\_\_ Program: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

I give permission to the Ocean County Vocational Technical School to send my duplicate certificate/grades/letter of verification to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of Student Date

Number of Official Copies \_\_\_\_\_

\$5.00 per copy must accompany this request (MONEY ORDERS ONLY)

Payable to: Ocean County Vocational Technical School

PLEASE RETURN TO THE ABOVE ADDRESS  
ATTN: Adult Education/ Student Records

FOR OFFICE USE ONLY: Paid:  Date Sent: \_\_\_\_\_

Life's A Journey . . . Better Get Good Directions.

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