



www.ocvts.org

1299 Old Freehold Road
Toms River, NJ 08753

Phone: (732) 473 3100 x 3327 Fax: (732) 244-2919

REQUEST FOR STUDENT TRANSCRIPTS AND RECORDS

NAME: _____
(Maiden Name if Applicable)

Year of Attendance: _____ (or) Year of Graduation: _____

Center Attended: _____ Program: _____

Present Address: _____

City, State, Zip Code: _____

Phone #: _____ DOB: _____

*Official transcripts can only be mailed directly to schools or employers.
Other records requested will be unofficial.*

I give permission to the Ocean County Vocational Technical School to send my transcript to:

Name of College or Place of Employment (if applicable)

Street Address

City State Zip Code

Signature of Student (or Parent/Guardian, if applicable) Date

Additional Requests:
Please add the following document to my request:

Final Cosmetology Hours Sheet

Number of Official Transcript Copies _____

\$5.00 per copy must accompany this request (money orders only accepted)
Payable to: Ocean County Vocational Technical School

**PLEASE RETURN TO THE ABOVE ADDRESS
ATTN: Student Records**

FOR OFFICE USE ONLY: Paid: Date Sent: _____