



Practical Nursing Program

**1299 Old Freehold Road
Toms River, NJ 08753**

Phone: (732) 473-3100 Fax: (732) 286-1196

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

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: LPN / Student Records**

FOR OFFICE USE ONLY: Paid: Date Sent:

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www.ocvts.org**