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423 Wells Mills Road  
Waretown, NJ 08758

Phone: (732) 286-5660 Fax: (609) 693-1514

### 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: \_\_\_\_\_