Practical Nursing Program

1299 Old Freehold Road
Toms River, NJ 08753

Phone: (732) 473-3100 Ext. 3145

REQUEST FOR STUDENT TRANSCRIPTS AND RECORDS

NAME: _____

Name while attending (If different) : _____

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

Center Attended: _____ **Program:** _____

Email Address: _____

Phone #: _____ **DOB:** _____

Official transcripts can only be mailed or emailed 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)

_____
Email Address

OR

_____
Street Address

_____
City **State** **Zip Code**

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

Number of Official Transcript Copies _____ $5 per copy

Complete form electronically and email to LPNursing@ocvts.org.

To submit the fee: https://payschoolscentral.com/. Select "Guest Checkout" > Select State (New Jersey) > Select District (Ocean County Voc Tech Schools) > Select School (All Schools) > Select (Transcripts).

FOR OFFICE USE ONLY: **Paid:** ☐ **Date Sent:**