



Post Secondary/ Day-Time Graduates

1299 Old Freehold Road Toms River, NJ 08753

Phone: (732) 473-3100 Ext. 3327

REQUEST FOR STUDENT TRANSCRIPT/ RECORD

This request form is ONLY for students that continued their education as a post-secondary day time student, NOT for students who attended adult evening classes or attended daytime classes while still in high school.

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 tdasti@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: