



**Practical Nursing Program**

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

**Phone: (732) 473-3100 Ext. 3145 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)**

**Payable to: Ocean County Vocational Technical School**

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

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