

**NEW JERSEY DEPARTMENT OF EDUCATION**  
**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**ADULT PRIVATE CAREER SCHOOL STUDENT RECORD REQUEST FORM**

**Note:** The Family Educational Rights and Privacy Act: 20 USC 1232 (FERPA) requires written permission from students to have their school records and transcripts distributed.

The New Jersey Administrative Code 12:41 et seq. which regulates NJ Private Career Schools, does not require that the NJ Department of Education or NJ Department of Labor and Workforce Development (LWD) maintain student records. Upon receipt of this signed and notarized document, a search of available records will be conducted on your behalf. Records provided by LWD will be unofficial.

**Directions:** A request for a copy of an **Adult Student Transcript** and/or records can only be made by the former student. Please provide the requested information. Sign this document where requested and have your signature notarized. Return this form to the name and address listed below.

Name: \_\_\_\_\_ Last 4 Digits of SSN#: \_\_\_\_\_

Name of School Attended: \_\_\_\_\_

Location of School Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Vocational Program Attended: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name at Time of Enrollment (*if different from above*): \_\_\_\_\_

Please forward my records to: \_\_\_\_\_

Board Application Number (*if applicable*): \_\_\_\_\_

I \_\_\_\_\_, hereby certify that the information above is correct to the best  
(Print Your Name)

of my knowledge, and I certify that I am the former student requesting my own records.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

**Return to:** Transcripts  
COEI – Training Evaluation Unit  
PO Box 057  
Trenton, NJ 08625-0057

**Questions:** Email: [trainingevaluationunit@dol.nj.gov](mailto:trainingevaluationunit@dol.nj.gov)  
Phone: (609) 292-4287