

Middlesex County Adult Technical Schools

112 Rues Lane, East Brunswick, NJ 08816

732-257-3300 www.mcvts.net

REQUEST FOR VERIFICATION OF ENROLLMENT - RELEASE OF TRANSCRIPT REQUEST

This form is for use by former students who attended part-time or full time programs as adults in Adult Education Department Programs.

Adults enrolled in shops with high school students as well as adults in other programs such as Adult Cosmetology and Special Needs, the Guidance Department on the campus at which the course/program was offered must be contacted directly:

East Brunswick Campus: 732-254-8700 Perth Amboy Campus: 732-376-6300 Piscataway Campus: 732-985-0717

Requested By: Last, First, Middle: _____											
Former/Maiden Name: _____											
Date (mm/dd/yyyy) of Request: _____	Last Date (mm/dd/yyyy) Attended: _____	Currently Enrolled? Yes/No _____ Completed? Yes/No: _____									
Program Type Attended (Check One) <input type="checkbox"/> Adult Certificate [full time adults only] (Encircle One or Specify): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">EKG</td> <td style="width: 33%;">Electrical Tech</td> <td style="width: 33%;">Graphic Design/Commercial Art</td> </tr> <tr> <td>HVAC&R</td> <td>Practical Nurse (LPN)</td> <td>Maintenance Mechanic</td> </tr> <tr> <td>Phlebotomy</td> <td>Plumbing Tech</td> <td>Other (Specify): _____</td> </tr> </table>			EKG	Electrical Tech	Graphic Design/Commercial Art	HVAC&R	Practical Nurse (LPN)	Maintenance Mechanic	Phlebotomy	Plumbing Tech	Other (Specify): _____
EKG	Electrical Tech	Graphic Design/Commercial Art									
HVAC&R	Practical Nurse (LPN)	Maintenance Mechanic									
Phlebotomy	Plumbing Tech	Other (Specify): _____									
<input type="checkbox"/> Adult High School (Encircle Last Campus Attended): <div style="display: flex; justify-content: space-around;"> East Brunswick Campus Perth Amboy Campus </div>											
<input type="checkbox"/> Apprenticeship - Provide Name of Sponsor and Occupational Title: _____											
<input type="checkbox"/> Customized Training - Provide Name of Employer and Location of Training: _____											
<input type="checkbox"/> Part-Time Evening - Workshop, 9 Session, 12 Session, 20 Session, etc.: Specify Course Title & Semester Attended											
Specify Course Title: _____	Semester & Year Attended (Fall, Winter, or Spring/YYYY): _____										
Campus Attended: _____	_____										
Specify Course Title: _____	Semester & Year Attended (Fall, Winter, or Spring/YYYY): _____										
Campus Attended: _____	_____										
Specify Course Title: _____	Semester & Year Attended (Fall, Winter, or Spring/YYYY): _____										
Campus Attended: _____	_____										

Consent: I authorize Middlesex County Adult Technical Schools to provide the following entity or individual verification of enrollment (official transcript if available) as indicated on this form. I understand that proof of identity and original signature (no facsimile) must be provided.

Current or Former Student Signature: _____ Current Address of (Former) Student: _____ Current Email of (Former) Student: _____ Current Phone of (Former) Student: _____	To	Name & Title of Person: _____ Name of Agency/Firm/School: _____ Recipient Address: _____ Recipient Phone: _____
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PRINT INFORMATION REQUESTED AND SIGN IN DARK INK ONLY

Allow Two Weeks For Processing - Incomplete Submissions Will Not Be Processed