

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

PRIVATE CAREER SCHOOL CLOSE-OUT FORM

A. School Information

School Name: _____
Address: _____
(Provide addresses for multiple locations on a separate page)
City, State, Zip: _____
Telephone: _____ FAX: _____
Email: _____

B. School Owner Information

Owner's Name: _____
Home Street Address: _____
City, State, Zip: _____
Telephone: _____ FAX: _____
Email: _____

C. Student Transcripts and School Records

The school officially opened on: _____
The school officially closed on: _____

Describe where ALL student records will be maintained and provide contact information where students can access their official records:

- Department of Labor and Workforce Development*
Center for Occupational Employment Information
Training Evaluation Unit – Student Records
John Fitch Way, PO Box 057
Trenton, New Jersey 08625-0057
(609) 292-0006

** Please provide student records on disc (CD, DVD, etc.).*

Name and Title of Contact Person: _____
Address: _____
City, State, Zip: _____
Telephone: _____ FAX: _____
Email: _____

