



OSBCB 102 (01/19)

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DO NOT WRITE ABOVE THIS LINE



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
 Student Department 405.522.7621 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
 Governor
 Sherry G. Lewelling
 Executive Director

AFFIDAVIT OF WITHDRAWAL FROM COSMETOLOGY/BARBER SCHOOL

CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

This is to certify that _____, Registration Number _____,
STUDENT NAME
 was in regular attendance at _____
SCHOOL NAME AND ADDRESS
 from _____, _____ up to and including _____, _____. Clock Hours Earned: _____ Credit Hours Earned: _____
MONTH DAY YEAR MONTH DAY YEAR

Please check the Student's registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Hairbraiding Technician	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Additional Hours
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Master Barber Instructor	<input type="checkbox"/> Review Hours

(NOTARY SEAL)

Signature of Instructor

Subscribed and sworn before me this _____ day of _____ 20 ____
 State of _____ County of _____
 Commission # _____
 My commission expires _____ Notary Public _____