

CERTIFICATION of RECORDS Application
\$10.00 Fee payable by Cashier's Check or Money Order only.

Home Address

City

State

Zip Code

Home Phone #

- Please mail my Certification of Records to my new Cosmetology School listed below:
- Please mail my Certification of Records to the State Board listed below:

Name of the receiving Cosmetology School or State Board

Address

(This Box is Office Use Only)

(This Box is Office Use Only)

PRINT Your Name

File #

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Expires

Social Security Number in the boxes, please.

Type

Signature

Please note: Certifications are not mailed directly to the individual and will only be mailed to the Cosmetology School or State Board specified above.
