

SCHOOL AFFIDAVIT TO THE OKLAHOMA STATE BOARD OF COSMETOLOGY:

PLEASE CHECK ONE: COURSE COMPLETED WITHDREW FROM COURSE

This is to certify that _____ from the date of _____
as Registration/File # _____ to and including the date of _____
was in regular attendance at _____ Clock Hours earned _____
with the School address of _____ Credit Hours earned _____

Please check the Student's registered course:

<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Facialist	<input type="checkbox"/> Master Instructor	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Review Hours
<input type="checkbox"/> Manicurist	<input type="checkbox"/> Hair Braiding	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Additional 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 _____

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