

**SCHOOL AFFIDAVIT TO THE OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING:**

PLEASE CHECK ONE:  COMPLETED COURSE  WITHDRAWN FROM COURSE

This is to certify that \_\_\_\_\_  
as Registration/File # \_\_\_\_\_  
was in regular attendance at \_\_\_\_\_  
with the School address of \_\_\_\_\_

from the date of \_\_\_\_\_  
to and including the date of \_\_\_\_\_  
Clock Hours earned \_\_\_\_\_  
Credit Hours earned \_\_\_\_\_

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 \_\_\_\_\_

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