



**OKLAHOMA STATE BOARD OF  
COSMETOLOGY AND BARBERING**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107  
Student Department 405.522.7621 • Fax 405.521.6846  
www.cosmo.ok.gov

MARY FALLIN  
GOVERNOR

SHERRY G. LEWELLING  
EXECUTIVE DIRECTOR

**STUDENT MODEL AFFIDAVIT**

**TO BE COMPLETED BY STUDENT:**

I, \_\_\_\_\_,  
was a model for \_\_\_\_\_  
on (Date) \_\_\_\_\_ for the \_\_\_\_\_ Examination.  
I currently attend (School Name) \_\_\_\_\_.

In accordance with Board Rule #175:10.3.56(d), the number of hours which may be credited for State Board Examination model participation is a State Board Practical Examination is eight (8).

The foregoing statements are true and correct to the best of my belief.

\_\_\_\_\_  
*Signature of Student Model*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Board Representative*

\_\_\_\_\_  
*Date*

**This affidavit must be signed by both parties for hours to be credited to the student model.**