



**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 RELEASE AGREEMENT**

This form must be notarized and attached to the School Affidavit.

I hereby agree that \_\_\_\_\_  
Name of School

releases \_\_\_\_\_ to attend another school in the state of  
Name of Student

Oklahoma. Withdrawal Date: \_\_\_\_\_ or Termination Date: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
*Signature of School Official*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

-----



**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 RELEASE AGREEMENT**

This form must be notarized and attached to the School Affidavit.

I hereby agree that \_\_\_\_\_  
Name of School

releases \_\_\_\_\_ to attend another school in the state of  
Name of Student

Oklahoma. Withdrawal Date: \_\_\_\_\_ or Termination Date: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
*Signature of School Official*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_