



BEAUTY CULTURE SCHOOL CERTIFICATION OF EDUCATION

State Form 56857 (11-19)

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2246
Telephone: (317) 234-3031
E-mail: pla12@pla.IN.gov
www.pla.in.gov

- INSTRUCTIONS:**
1. Please type or print legibly.
 2. The stamp or seal of the notary must be legible.

BEAUTY CULTURE SCHOOL CERTIFICATION OF EDUCATION (To be completed by school only.)		
Name of student		
Type of education (check one) <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician <input type="checkbox"/> Electrologist <input type="checkbox"/> Instructor		
Name of beauty culture school		
License number of beauty culture school	Did student transfer from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of enrollment (month, day, year)	Date of graduation (month, day, year)	Total completed hours

AFFIDAVIT	
<p>I do hereby certify and declare the certification of education to be a correct and accurate record for _____ (name of student) and that the student meets the graduation requirements pursuant to the State Board of Cosmetology and Barber Examiners statutes and rules. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied and disciplinary action against the beauty culture school license.</p>	
<p>STATE OF _____ COUNTY OF _____ } SS:</p> <p>Subscribed and sworn to before me, this _____ day of _____, 20_____.</p>	
Signature of school director / instructor	Date subscribed and sworn to Notary Public (month, day, year)
Typed or printed name of school director / instructor	
Signature of Notary Public	County of residence
Typed or printed name of Notary Public	Date commission expires (month, day, year)