

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.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

BEAUTY CULTURE SC	HOOL CERTIFICATION OF	EDUCATION (To be co		
Name of student			Social Security Number *	
Type of education (check one)				
☐ Barber ☐ Cosmetologist ☐ Manicuris	t Esthetician E	Electrologist  Instruc	tor	
Name of beauty culture school				
•				
License number of beauty culture school		Did student transfer from an	other school?	
•			☐ Yes ☐ No	
Date of enrollment (month, day, year)	Date of graduation (month, day	/ vear	Total completed hours	
Date of official (month, day, your)	Date of graduation (month, au)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. star compresse means	
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	AFFID	AVII		
I do hereby certify and declare the certification of	education to be a correct ar	d accurate record for		
(name of student)				
and that the student meets the graduation require	ments pursuant to the State	Board of Cosmetology a	nd Barber Examiners statutes and rules.	
I understand that providing fraudulent information	may be grounds for refusal	to issue the license for wh	nich is being applied and disciplinary action again	ıst
the beauty culture school license.				
the beauty editare sorioof license.				
STATE OF				
	<b>}</b> ss:			
COUNTY OF				
Subscribed and sworn to before me, this	day of		, 20	
Signature of school director / instructor		Date s	ubscribed 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 o	ommission expires (month, day, year)	
Typod of printed fidine of Notary F dollo		Date	Annicolori Oxpiros (montin, day, your)	