Reset Form

MONTHLY VERIFIED REPORT - BARBER SCHOOL

State Form 47836 (R / 7-08)

STATE BOARD OF BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3031
www.pla.IN.gov

Date of filing (*month, day, year*)	School license number

Name of school	
Address (*number and street, city, state, and ZIP code*)	
Telephone number ( )	E-mail address

STATUS CODE *	STARTING DATE (*month, day, year*)	NAME OF STUDENT	TUITION OWED	HOURS ACCRUED AS OF LAST REPORT	LAST DAY OF ATTENDANCE

*** Status Code:** **N = New** **G = Graduated**
DO = Dropout **PG = Pending Graduation**

CERTIFICATION

I certify that I personally completed this report and that the information appearing hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for disciplinary action against the license of this school.

Signature of school manager	AFFIX SCHOOL SEAL HERE
Printed or typed name of school manager	
Date (*month, day, year*)	