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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING  
ADVISORY BOARD ON MASSAGE THERAPY  
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453  
Student Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT  
Governor

Leah Longest  
Board Chair

**AFFIDAVIT OF WITHDRAWAL FROM COSMETOLOGY/BARBER SCHOOL**

**CAUTION: DO NOT USE THIS FORM TO REPORT A STUDENT'S COMPLETION OF HOURS! USE FORM 199 INSTEAD.**

CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

This is to certify that \_\_\_\_\_, Registration Number \_\_\_\_\_,  
STUDENT NAME  
was in regular attendance at \_\_\_\_\_  
SCHOOL NAME AND ADDRESS  
from \_\_\_\_\_, \_\_\_\_\_, up to and including \_\_\_\_\_, \_\_\_\_\_.  
MONTH DAY YEAR MONTH DAY YEAR  
Clock Hours Earned: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_

PLEASE CHECK THE STUDENT'S REGISTERED COURSE:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Additional Hours	<input type="checkbox"/> Review Hours	<input type="checkbox"/>

X \_\_\_\_\_  
*Signature of Instructor*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Commission # \_\_\_\_\_  
My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

