**OSBCB FORM 102**Revised 08/24



**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.**

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

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| **OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING****ADVISORY BOARD ON MASSAGE THERAPY** |
| **2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453****Student Department 405.521.2441 • Oklahoma.gov/cosmo** |

[ ]  CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Barber | [ ]  Facialist | [ ]  Facialist Instructor | [ ]  Master Cosmetology Instructor |
| [ ]  Cosmetician | [ ]  Manicurist | [ ]  Manicurist Instructor | [ ]  Master Barber Instructor |
| [ ]  Cosmetologist | [ ]  Additional Hours | [ ]  Review Hours | [ ]   |

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

Notary Seal Here

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

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

Commission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PLEASE CHECK THE STUDENT’S REGISTERED COURSE:

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

was in regular attendance at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ , up to and including \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ .

Clock Hours Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONTH DAY YEAR

MONTH DAY YEAR

SCHOOL NAME AND ADDRESS

STUDENT NAME