**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