

TRANSFER BETWEEN REGISTERED SCHOOLS OF COSMETOLOGY

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

STUDENT'S SOCIAL SECURITY # _____

DATE OF INITIAL ENROLLMENT _____

NUMBER OF HOURS COMPLETED _____

LAST DATE OF ATTENDANCE _____

STUDENT IS TRANSFERRING TO _____

Name of Cosmetology School

Address of Cosmetology School

Signature of Owner or Principal

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ **DAY OF** _____ **20** _____

Notary Public/Justice of the Peace

MY COMMISSION EXPIRES _____