

**Simi Institute of Cosmetology
Cosmetology/Esthetician/Manicuring
PROOF OF TRAINING REQUEST FORM
SIMI INSTITUTE FOR CAREERS & EDUCATION
1880 Blackstock Street
Simi Valley, CA 93065**

CURRENT NAME: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

I attended the Simi Valley Adult School of Cosmetology Program during the _____
semester/year. My name appears in your records as follows: _____.
My birthdate is: _____

My Social Security Number is: _____.

Please send _____ copy/copies of my official transcript to the following address:

I would also like a copy for my own records: ☐ yes ☐ no

Fee for a Proof of Training is \$5.00 each. I am including **cash or a money order (no personal checks accepted) with this request form in the amount of \$5.00 for the first copy and \$3.00 each additional copy requested. I understand that this request will not be processed until the fee is paid.**

Signature

Date

FOR OFFICE USE ONLY

Date Request Filled