

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

Georgia State Board of Cosmetology and Barbers

237 Coliseum Drive

Macon, GA 31217

478-207-2440

Request for Verification of Training Hours

\$25 Non-refundable Processing Fee Per Request

In accordance with our current retention schedule, Board staff will maintain school hours, transcripts, and exam scores for five years before destruction. Requests for records more than five years old cannot be processed.

School Hours

Apprentice Hours

Name: _____ SS#: _____

Date of Birth: _____ Phone: _____

Mailing Address: _____

Email Address: _____

➤ **School Information (Use this form only if the school is closed. If the school is still in business, contact the school for your transcript.)**

Name of School: _____

Address of School: _____

Dates enrolled: _____ through _____
(month/year) (month/year)

Student's Name: _____
(Your name when enrolled in the above school.)

➤ **Apprentice Information**

Name of Salon: _____

Address of Salon: _____

Dates Apprenticeship: _____ through _____
(month/year) (month/year)

Apprentice Lic. # _____ Apprentice License type: _____

Mail hours to: _____

Signature: _____ Date: _____