



GEORGIA STATE BOARD *of*
COSMETOLOGY AND BARBERS

237 Coliseum Drive • Macon, GA 31217

Phone (478) 207-2440

www.sos.ga.gov/plb/cosmetology

STUDENT EDUCATION COMPLIANCE FORM

NAME OF SCHOOL: _____

PHYSICAL ADDRESS: _____

Number and Street (P.O. Box not acceptable)

City

State

Zip Code

The above-named school certifies it will only accept students who are at least 17 years of age with proof of a high school diploma or general educational development (GED) diploma or students who are beyond the age of compulsory school attendance in the State of Georgia. The form is not required as a condition of licensure. However, a school must submit the form to receive an indication on its license that the school is authorized to offer postsecondary instruction. The completed form may be shared with the U.S. Department of Education according to Board Policy.

Owner Signature

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 ____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL