GEORGIA STATE BOARD *of*
COSMETOLOGY AND BARBERS

3920 Arkwright Rd Ste 195 Macon GA 31210
Phone (404) 424-9966
https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers

Date Entered _____
Receipt # _____
Submitted $ _____

Date Issued _____

Request for Verification of Training Hours

$35 Non-refundable Processing Fee Per Request

☐ **COSMETOLOGY** ☐ **HAIR DESIGN** ☐ **BARBER**
☐ **ESTHETICIAN** ☐ **NAIL TECHNICIAN** ☐ **INSTRUCTOR**

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 (If the school is still in business, contact the school for your transcript)

(If you attended a technical college, contact your school for an official transcript.)

Name of School: _____

Address of School: _____

Dates enrolled: _____ **through** _____

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

Apprentice Information

Name of Salon: _____

Address of Salon: _____

Dates of Apprenticeship: _____ **through** _____ **Apprentice License #:** _____
(month/year) (month/year)

SEND HOURS TO: _____

BY MAIL (Address): _____

BY EMAIL (Email Address): _____

SIGNATURE: _____ **DATE:** _____