GEORGIA STATE BOARD of
COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon GA 31217
Phone (404) 424-9966
www.sos.ga.gov/plb/cosmetology

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 TECH** ☐ **INSTRUCTOR**

In accordance with our current retention schedule, Board staff will maintain school hours, transcripts, and exam scores for five years before destruction. REQUEST FOR MORE THAN FIVE YEARS CANNOT BE PROCESSED.

☐ **School Hours** ☐ **Apprentice Hours**

Name: _____ **SS#:** _____

Date of Birth: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

School Information

(If your school is still in business, contact the school for your transcript)
(If you attended a technical college, DO NOT SUBMIT THIS FORM, contact your college 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 & License Number: _____

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:** _____