



COSMETOLOGY STUDENT CERTIFICATION OF RECEIPT

School Name / City			
Enrollment Date			Start Date

Student Name	First	Middle	Last
Mailing Address	Street Address		
	City	State	Zip

Social Security Number	
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Telephone Number	
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I understand that I must have no less than a twelfth (12th) grade education or its equivalent in order to be approved to take the examination for licensure to become a practitioner.

I DO HEREBY CERTIFY THAT I HAVE RECEIVED EACH OF THE FOLLOWING UPON ENROLLMENT:	DATE RECEIVED
School Contract	
School Rules and Regulations	
Textbook (for the course program enrolled)	
MS State Board of Cosmetology Rules and Regulations	
Mannequin	
Kit Containing the Minimum Equipment Required by the MS State Board of Cosmetology (Rule 5.17(a)) – must be received prior to completion of Freshman Hours (240).	

I do hereby certify with my signature below that all the information above is true and correct. I also authorize the MSBC to release my pass- fail results in regard to me taking the MSBC Theory and Practical exams, to the school listed on this form.

Student Signature	Date
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Witness (School Agent or Instructor)	Date
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