



## COSMETOLOGIST, ESTHETICIAN, OR MANICURIST STUDENT CERTIFICATION OF RECEIPT

COSMETOLOGIST	ESTHETICIAN	MANICURIST
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School Name / City			
Enrollment Date			Start Date

Student Name	First	Middle	Last
Mailing Address	Street Address		
	City	State	Zip
Social Security Number			
Telephone Number			
<b>I understand that I must have no less than a twelfth (12<sup>th</sup>) grade education or its equivalent in order to be approved to take the examination for licensure to become a practitioner.</b>			

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	
Kit Containing the Minimum Equipment Required by the MS	

**I DO HEREBY CERTIFY BY MY SIGNATURE BELOW THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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

\_\_\_\_\_  
Witness (School Agent or Instructor)

\_\_\_\_\_  
Date