

MISSISSIPPI STATE BOARD OF COSMETOLOGY OUT OF STATE/OUT OF COUNTRY EDUCATION VERIFICATION FORM Post Office Box 55689 Jackson, MS 39296-5689

Please complete, sign, and send to foreign jurisdiction.

Applicant

Complete Section I of this form if you completed education for cosmetology, esthetics, or manicuring in any state other than Mississippi OR any other country other than the United States. Forward one copy to each licensing agency where you **completed education for** cosmetology, esthetics or manicuring. This form should be mailed to the Mississippi State Board of Cosmetology by the licensing agency completing the form. A fee may be required for processing. The fee is the applicant's responsibility.

Licensing Board / Agency

The Mississippi State Board of Cosmetology requires information regarding my license. This is my request for you to respond to the questions in Section II and gives you authority to release any information.

Section I - Applicant	
Name	
Address	
Social Security Number	
•	
Date of Birth	
License Number	
State/Providence and	
Country of Licensure	
Signature	

gency					
Cosmetology re	quires verification	of this person's ed	ducation. Please		
complete and return this form DIRECTLY to the Mississippi State Board of					
otated above.	• • •				
License	Registration	Certification	l Permit		
Cosmetologist	Esthetician	Manicurist	Instructor		
	Cosmetology replacement of the placement	Cosmetology requires verification DIRECTLY to the Mississippi State otated above. License Registration	Cosmetology requires verification of this person's entered above. License Registration Certification		

If YES is answered to any question below - please attach explanation.	
Have any charges ever been filed against this professional?	
Do you know of any information that may discredit this professional from obtaining a Mississippi license?	
Has this professional ever been fined, assessed a violation, or otherwise disciplined?	
Have you received any complaint(s) against this professional?	
Has this professional been investigated by your Board?	

Signature of Licensing Board / Agency	Date
	BOARD SEAL