

CERTIFICATE BY STUDENT

_____ attended _____
 from the ____ day of _____ until the ____ day of _____,
 continuously, with the following exceptions: _____
 _____.

I, _____, hereby certify that the foregoing copy is
 a correct account of the course completed by me at _____
 that my work at the school has been at all times under the personal supervision of
 a licensed instructor, and I further state that the information contained herein is
 true and correct to the best of my knowledge.

 (Student)

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL

 Notary Public Official Signature
 Expiration Date: _____

INSTRUCTORS CERTIFICATE

I, _____, hereby certify that I am a licensed
 instructor in barbering / cosmetology in _____
 school, that I have instructed the above named person and that the foregoing
 statement is a true and correct record of the instruction obtained and the practice
 performed by _____ (student).

 (Instructor)

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL

 Notary Public Official Signature
 Expiration Date: _____

STATE OF IDAHO
 BUREAU OF OCCUPATIONAL LICENSES
 700 West State Street, PO Box 83720
 Boise, ID 83720
 e-mail - bar@ibol.idaho.gov

STUDENT RECORD OF INSTRUCTION

BARBER STYLIST

This record shall be maintained by the school and verified by both the
 student and an instructor of the school. The record shall be kept to date and
 available upon request for inspection by the Bureau during school hours.

This is the only official record of training and shall be submitted to the
 Bureau within thirty (30) days of the student's termination and or completion of
 training.

Name
Address
Date & Place of Birth
Date of Admission to Barber School
Last Day of Attendance
Name & Location of Barber School

