



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 Fax: (614) 644-6880 www.cos.ohio.gov

REQUEST FOR TRANSFER OF CLOCK HOURS

TYPE ONLY

Student Information

Last	First	Middle	Maiden
Social Security Number		Contact Number	Student Email
Program	Original Enrollment Date	Last Date of Attendance	School Name
School Address	City	State	Zip

I AM REQUESTING THE ABOVE INFORMATION BE TRANSFERRED TO:

School Name	
School Address	City State Zip
Program Name:	Anticipated Enrollment Date:

UPON BOARD VERIFICATION THE INFORMATION BELOW WILL BE SENT TO THE REQUESTED SCHOOL. INCOMPLETE OR INCORRECT INFORMATION WILL DELAY THE COMPLETION OF THE TRANSFER. THIS INFORMATION MUST BE SUBMITTED TO THE ABOVE ADDRESS. TELEPHONE INQUIRES ARE NOT ACCEPTED

***PLEASE BE ADVISED IF YOU HAVE NOT MET YOUR FINANCIAL OBLIGATION, THE SCHOOL IS NOT REQUIRED TO RELEASE YOUR HOURS FOR TRANSFER.**

AFFIDAVIT

State of: _____
County: _____

I hereby swear, or affirm, that the statements on this record are true and accurate to the best of my knowledge and belief.

Signature of applicant (must be signed in the presence of Notary)

Subscribed in my presence and sworn to before me this _____ day of _____, 20____

Notary Seal

Notary Public (Commission expiration date required)