

Verification Affidavit

Vermont Board of Barbers and Cosmetologists

School Verification Must be completed by a representative of your school.	
Student's Name (First, MI, Last)	
Street Address	
City	State
Zip Code	
School Name	
Street Address	
City	State
Zip Code	
School License Number	Number of Hours Completed
Dates Attended	
From:	To:
Course of Study (Please Check One)	
<input type="checkbox"/> Barber <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Nail Technology	
Affidavit of School Official I do hereby certify that the applicant named above has successfully completed the course of study named above for the number of hours and duration of training as indicated above.	
Verified By: _____	
Printed Name	License Number

Signature	Date