



Ohio State Board of Cosmetology

James P. Trakas, Executive Director

1929 Gateway Circle, Grove City, Ohio 43123-9309

Phone: (614) 466-3834 Toll Free: (866)-642-6723

Fax: (614) 644-6880 Web Site: www.cos.ohio.gov

REQUEST FOR TRANSFER OF CLOCK HOURS

This is an active PDF form click each line to complete the form

UPON BOARD VERIFICATION THE BELOW INFORMATION WILL BE SENT TO THE REQUESTED SCHOOL. INCOMPLETE OR INCORRECT INFORMATION WILL DELAY THE COMPLETION OF THE TRANSFER. THIS INFORMATION MUST BE

STUDENT NAME: _____

STUDENT EMAIL: _____ STUDENT PHONE #: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

DATE ENROLLED: _____ COURSE NAME: _____

I AM REQUESTING THE ABOVE INFORMATION BE TRANSFERRED TO :

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

COURSE NAME : _____

ANTICIPATED ENROLLMENT DATE: _____

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

STUDENT SIGNATURE: _____ DATE: _____



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Transfer of Training Hours

Complete this form to request the transfer of training hours from one school to another. This form will be rejected by the Board and returned to you if it is received incomplete, illegible or without notarization.

I _____ grant the Ohio State Board of Cosmetology the right to release my transcripts and /or records of my training hour received from:

_____ to _____
(School Name) (School Name)

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)