

**OHIO STATE COSMETOLOGY AND BARBER BOARD PUBLIC  
RECORDS REQUEST FORM**

Date of request: \_\_\_\_\_

Name (optional): \_\_\_\_\_

Address (required for mail): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_

Description of records: