



**OKLAHOMA STATE BOARD OF  
COSMETOLOGY AND BARBERING**

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MARY FALLIN  
GOVERNOR

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EXECUTIVE DIRECTOR

**AFFIDAVIT OF EDUCATION**

**NOTE: This document should be used ONLY if other proof is impossible to obtain.  
This document cannot be accepted as proof of education for Instructor courses.**

*I declare under penalty of perjury that all statements herein are true and correct:*

**Personal Information:**

1. Social Security Number (Required for student registration) **Driver's License # is NOT acceptable** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_
3. Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone Number \_\_\_\_\_
5. Date of Birth - Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Education:**

1. Name under which enrolled in public school \_\_\_\_\_
2. High School graduate?  Yes  No If no, indicate highest grade completed \_\_\_\_\_
3. Date of graduation or withdrawal from public school \_\_\_\_\_
4. Name and location of school \_\_\_\_\_

**Persons to contact for verifying affidavit of education:**

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

(SEAL)

\_\_\_\_\_  
**Signature of Student**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_