



STUDENT TRANSCRIPT FORM
NORTH DAKOTA BOARD OF COSMETOLOGY
 (04-2017)

ND State Board of Cosmetology
 4719 Shelburne St.; Suite 1
 Bismarck, ND 58503

- This application must be completed by an authorized person in the school attended.

| STUDENT INFORMATION | | |
|--|------------------|----------|
| Student Name | Telephone Number | |
| Address | | |
| City | State | ZIP Code |
| Social Security Number* | Birth Date | |
| *In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes.* | | |

| SCHOOL INFORMATION | | |
|-------------------------|------------------|----------|
| Name of School Attended | Telephone Number | |
| Address | | |
| City | State | ZIP Code |

| NUMBER OF HOURS COMPLETED | | | |
|---------------------------|-------------------|--|--|
| | Hair Shaping | | Chemical Services |
| | Hair Styling | | Study of Theory, Law, and Sanitation |
| | Nails | | Related Subjects (Classroom or Clinic for Instructions) |
| | Facials/Skin Care | | TOTAL HOURS COMPLETED |

I hereby certify under penalty of perjury under the laws of the State of North Dakota that the information stated is true and correct to the best of my knowledge.

| | |
|--|------|
| Signature of Authorized School Personnel | Date |
| Subscribed and sworn to before me this | |
| Signature of Notary Public | |
| Commission Expiration Date | |

Questions?
 Email: info@ndcosmetology.com
 Call: (701) 224-9800
 Fax: (701) 222-8756
www.ndcosmetology.com