



# THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

## REQUEST FOR TRANSFER OF CLOCK HOURS

### TYPE ONLY

#### Student Information

Last	First	Middle	Maiden
Social Security Number (Last 4 Digits Only) XXX-XX-	Contact Number	Student Email (Required)	
Program Type	Original Enrollment Date	Last Date of Attendance	School Name
School Address	City	State	Zip

I Am Requesting The Above Information Be Transferred To: **SELECT ONE**

<b>School Name</b>	Email		
Address	City	State	Zip

<b>Other State Board/Agency</b>	Email		
Address	City	State	Zip

Program Type:	Anticipated Enrollment Date:
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Upon Board verification the information below will be sent the requested school. Incorrect or incomplete information will delay the completion of the transfer. This information must be submitted to the address above.

Transfer request are processed approximately 10 business days from the receipt of all required documentation.

**NOTE: IF YOU HAVE NOT MET YOUR FINANCIAL OBLIGATION, THE SCHOOL IS NOT REQUIRED TO RELEASE YOUR HOURS FOR TRANSFER.**

#### 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)