



# Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84  
Oklahoma City, OK 73107-2453  
www.cosmo.ok.gov

MARY FALLIN  
GOVERNOR  
SHERRY G. LEWELLING  
EXECUTIVE DIRECTOR

## **STUDENT RELEASE AGREEMENT**

This form must be notarized and attached to the School Affidavit.

I hereby agree that \_\_\_\_\_  
Name of School

releases \_\_\_\_\_ to attend another  
Name of Student

Cosmetology School in the State of Oklahoma.

Withdrawal Date: \_\_\_\_\_ or Termination Date: \_\_\_\_\_

(SEAL) \_\_\_\_\_  
Signature of School Official

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

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

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_



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