CERTIFICATE OF GRADUATION

(please print)

I,_____ do hereby certify that _____
school agent graduate

has completed_____hours of theoretical and practical instruction at
total

_____,
school

and has graduated and received a diploma showing completion of the _____
program

course of instruction on _____ _____, _____.
month day year

_____
Signature of school agent

State of_____, County of _____, ss.
Subscribed and sworn before me this_____day of _____,20____.

S
E
A
L

_____
Notary Public for Idaho
My Comission Expires:_____

(NOTE: The above form has been approved by the Idaho Board of Cosmetology and may be revised or reformatted for individual school use. All requested information must be included on any revised or reformatted form.)