

**SOUTH DAKOTA COSMETOLOGY COMMISSION  
DEPARTMENT OF LABOR 5 B8 F9; I @ HCB  
MAILING ADDRESS: 500 E CAPITOL PIERRE SD 57501**

**OUT-OF-STATE STUDENT  
AFFIDAVIT FOR CERTIFICATION OF SCHOOL HOURS**

IMPORTANT: To show proof of school hours, this affidavit must be completed by the State Board where the school hours were earned. This affidavit must be sent directly to the South Dakota Cosmetology Commission. Affidavits are not accepted from the school.

**Individual Information.**

Name of Student:

Address, City, State of Student:

Date of Birth:

Name and Address of Cosmetology School Attended:

The above school is an approved and licensed school. Yes  No

Course title:

Hours needed to be licensed:

Enrollment date:

Date Withdrawn:

Date Completed:

Total Hours Accumulated/Credited:

**Official Certification**

I declare and affirm under the penalties of perjury that this certification has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name of Board:

Official Name:

Official Signature:

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Title:

Date: \_\_\_\_\_

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