



**PEARSON VUE
BARBERING AND COSMETOLOGY**

AUTHORIZED SIGNATURES ON RECORD OF COMPLETION

SCHOOL NAME _____

SCHOOL CODE _____

SCHOOL OWNER/DIRECTOR _____

SCHOOL OWNER/DIRECTOR SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

PRINT NAME _____

SIGNATURE _____

PRINT NAME _____

SIGNATURE _____

PRINT NAME _____

SIGNATURE _____