

### Student Hours Verification Request Form

Please fill out this form completely to ensure delivery to the proper recipient. Return completed form to the Minnesota Barber Board at the above address.

#### STUDENT INFORMATION

Last Name	First Name	Middle Initial
Address		Barber School Attended and graduation date:
City	State	Zip
Date of Birth / /	Phone	Email Address

#### VERIFICATION TO BE SENT TO:

Verification will be sent directly to the School/Agency/Subject of the Data that you indicate below:

School/Agency Name/Subject of the Data		
School/Agency/Subject of the Data Address		School/Agency Phone
City	State	Zip

### Explanation of your rights and permission to release private data:

I, \_\_\_\_\_ [name of individual data subject], give my permission for the Minnesota Board of Barber Examiners (“MBBE”) to release data about me to the **School or Agency** you indicated above.

I understand that I have asked MBBE to release my data to the organization named above.

I understand that some or all of the data I have asked MBBE to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.

I understand that although some or all of the data are private at MBBE, the way these data are classified or treated by the **School or Agency** indicated above will depend on the laws and policies or policies that apply to that **School or Agency**.

This permission to release expires on this date: \_\_\_\_\_.

### CERTIFICATION OF APPLICANT

I certify that the information included within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Minnesota Board of Barber Examiners.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

By \_\_\_\_\_.  
Printed Name of Applicant

*Notary Seal*

\_\_\_\_\_  
Signature of Notary Public

County: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_