



Education Waiver Application Boutique Service Registration

Date: _____

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

I am unable to provide proof of completing the equivalent of an Ohio tenth grade education and therefore I am requesting the Board to grant me an education waiver based on the following:

Please Select One:

_____ I received my primary or secondary education outside of the United States and cannot provide proof of education.

_____ I resided outside of the United States and did not receive an equivalent education.

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of Applicant Date

Subscribed in my presence and sworn to me this ___day of _____ year _____

Notary Public (Commission Expiration Date Required)

NOTARY SEAL