

**Student SSN (REQUIRED):** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**STUDENT-EMPLOYER NOTIFICATION RELEASE**

The Student-Employer Notification Release is intended to assist beauty schools in the State of Nevada meet federal requirements for reporting student employment information after graduation and licensure.

By signing this authorization, you are authorizing the Nevada State Board of Cosmetology to provide the salon license number(s) and salon name(s) in which you work to the beauty school you graduated for forty (40) months following your initial license date through the Board's licensing software system.

***Authorization Statement***

I, \_\_\_\_\_, authorize the Nevada State Board of Cosmetology to  
Student Name  
provide \_\_\_\_\_ the salon license number(s) and name(s) of my  
School Name  
listed place of employment with the Nevada State Board of Cosmetology for forty (40) months following my initial license date.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date