



ALABAMA BOARD OF COSMETOLOGY & BARBERING



SCHOOL VISIT REQUEST FORM

1. Name of School:

2. School License Number:

3. School Type: (Select one)

- Private School Community College High School Prison

4. School Physical Address and Contact Information: (P.O. Box is not allowed)

Number, Street Name, Suite Number/Building Number City, State, Zip Code

School Email Address School Phone Number School Web Address

Contact Person's Name Phone Number Email Address

5. Reason for request: (Select all that apply)

- New School Director/Instructor Student Question and Answer Clock/Credit Hours
What to expect during a school inspection State Rules and Regulations Practical Overview

6. Explanation for request:

7. Preferred Dates/Time frame:

Once the request form is received, you will be contacted by a member of the Site Visit Team to set up a convenient time for your Site Visit.

Date Preference

Time

1. _____ to _____
2. _____ to _____
3. _____ to _____