

**IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD**

**Idaho Division of Occupational and Professional Licenses**

**11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or**

**P.O. Box 83720, Boise ID 83720-0063**

**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**

**E-mail: [bcb@dopl.idaho.gov](mailto:bcb@dopl.idaho.gov)**

**REQUEST FOR OFFICIAL TRANSCRIPTS**

I am requesting an official copy of my transcripts.

All requests for the official transcripts must include your notarized signature on this form and a \$10.00 fee. Please note these records are otherwise exempt from public disclosure, but can be released upon your request because they pertain to you under Idaho Code § 74-113. If you are requesting an unofficial transcript, please fill out the public records request under the "Quick Links" tab on the right-hand side of the main Division website at <https://dopl.idaho.gov>.

Licensee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

License # \_\_\_\_\_.

Please mail the transcripts to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/ PO Box

City

State

Zip

OR

Please Email the Transcripts to: \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that I am the holder of the license/person noted above and that by signing this form I am authorizing the Division of Occupational and Professional Licenses to release information that is not public record to the person or entity noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

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

(seal)

\_\_\_\_\_  
Notary Public Official Signature

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