

AFFIDAVIT OF COSMETOLOGY INSTRUCTOR

For Student Participation in the 2025 AACS & L'Oreal Student Stylist of the Year Contest

1. Instructor Information

- **Full Name of Instructor:** _____
- **License Number:** _____
- **Cosmetology School/Institution Name:**

- **School Address:** _____
- **Cell Phone:** _____
- **Email:** _____

2. Student Information

- **Full Name of Student Participant:** _____
- **Student's Enrollment Start Date:** _____
- **Student's Email:** _____

3. Confirmation of Enrollment

I affirm that the student named above is currently enrolled at [Institution Name] and has completed the necessary training to participate in the hairstyling contest.

4. Student's Work

I certify that the student alone has completed the work on their own with no hands-on assistance from other students or instructors.

5. Affirmation of Good Standing

I affirm that the student is in good standing within the cosmetology program at the institution listed above and has no disciplinary issues that would impact their participation in the contest.

6. Instructor's Responsibility

As the instructor, I will be available to support and give guidance/advice to the student during the contest, but am prohibited from giving hands-on assistance or doing any technical work on the mannequin.

Affirmation and Acknowledgment

I, the undersigned instructor, do hereby swear and affirm that the above statements are true and accurate to the best of my knowledge. I further acknowledge that I am fully responsible for ensuring that my student's participation in the contest adheres to the guidelines and expectations set forth by the contest organizers.

Instructor's Signature: _____

Date: _____

