

STUDENT REFERENCE SHEET

REFERENCES ARE REQUIRED AT TIME OF ENROLLMENT AND AT TIME OF EXIT.
ALL REFERENCES MUST BE AT LEAST 18 YEARS OF AGE AND LIVE IN THE UNITED STATES.

PARENT 1 FULL NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE #: _____ MSG/WORK PHONE #: _____
EMAIL ADDRESS: _____

PARENT 2 FULL NAME: _____ RELATIONSHIP: _____
 CHECK HERE IF ADDRESS IS SAME AS ABOVE
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE #: _____ MSG /WORK PHONE #: _____
EMAIL ADDRESS: _____

OTHER REFERENCES:

PLEASE PROVIDE THREE OTHER REFERENCES WITH DIFFERENT ADDRESSES. YOU MAY USE FRIENDS, RELATIVES, NEIGHBORS, ETC. DO NOT DUPLICATE REFERENCES LISTED ABOVE.

NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE #: _____ MSG /WORK PHONE #: _____
EMAIL ADDRESS: _____

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EMAIL ADDRESS: _____

NOTES:

I AUTHORIZE **PALOMAR INSTITUTE OF COSMETOLOGY** AND ITS ENTITIES TO CONTACT THE ABOVE NAMED PERSONS AT ANY GIVEN TIME TO VERIFY MY WHEREABOUTS.

STUDENT NAME: _____ LAST FOUR OF SS#: _____
SIGNATURE: _____ DATE: _____