MISSISSIPPI BOARD OF BARBER EXAMINERS

MBBE.36 BARBER SCHOOL'S STUDENT ACCOUNT ITEMIZATION

Student Name	
Student Social Security Number	
School Name	
School Contact	
School Contact Email Address	
Date of School Enrollment	
Date of School Completion	
Date of Student's Termination	
Cause of Termination	
Total of Account Transactions	
Less Total Student Payments	
Remaining Balance	

SCHOOL OFFICIAL SEAL

Signature of School Official: _____

Date of Signature: _____