
GEORGIA DEPARTMENT OF CORRECTIONS

COSMETOLOGY REQUEST FORM

NAME: _____ ID NUMBER: _____

COUNSELOR: _____ DORM: _____

WORK ASSIGNMENT: AM _____ PM _____

OFF DAYS: _____

INSTRUCTIONS: Check the space provided below for the type of hair care needed.

☐ Perm

☐ Hair color

☐ Curl

☐ Tape

☐ Hair cut

☐ Other (Specify):

FOR USE BY COSMETOLOGY AREA SUPERVISOR ONLY

DATE RECEIVED: _____

APPROVED: _____ DISAPPROVED: _____

APPOINTMENT DATE: _____

COMMENTS: _____
