

NOTIFICATION FORM #2—CONSULTANT AUTHORIZATION

I, _____ (name of school owner), of legal age and free of any condition or disability that would inhibit this action, owner of _____ (name of institution) (NACCAS Ref. No.: _____), hereby authorize the consultant or consultants listed below to represent this institution on my behalf for all matters related to accreditation with the National Accrediting Commission of Cosmetology Arts & Sciences, Inc.:

CONSULTANT INFORMATION

Name of Person	E-mail	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

This agency shall continue until I notify NACCAS of its termination:

In witness whereof, I, _____, execute this release at _____ on the _____ day of _____ (month), _____ (year).

Signature

Notary Witness

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public _____ in and for _____ County, _____. My Commission expires: _____.