
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.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Perm | <input type="checkbox"/> Hair color |
| <input type="checkbox"/> Curl | <input type="checkbox"/> Tape |
| <input type="checkbox"/> Hair cut | <input type="checkbox"/> Other (Specify): |

FOR USE BY COSMETOLOGY AREA SUPERVISOR ONLY

DATE RECEIVED: _____

APPROVED: _____ DISAPPROVED: _____

APPOINTMENT DATE: _____

COMMENTS: _____

RETENTION SCHEDULE:

Upon completion, this checklist shall be placed in the offender's institutional file.