



# ASPPB

Association of State and  
Provincial Psychology Boards

## MOBILITY PROGRAM

### Closed Records Verification Service

### Permission to Release Education Records Information

**Requested By:**

**Release To:**

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*Student Name*

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*Recipient Name*

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*Student Date of Birth*

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*Recipient Email\* or Mailing Address*

**Education record information to be released:**

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**Purpose of release:**

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*I give ASPPB permission to release the specified information to the recipient listed above.*

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*Student Signature*

-----  
*Date*

*\* Please note: By selecting transmission via email, you acknowledge that ASPPB will not be responsible for an email once it has left ASPPB's servers unless the delivery failure is caused solely by the gross negligence of ASPPB.*

CREDENTIALS BANK / PLUS / IPC / E. PASSPORT / CPQ / EPPP SCORE TRANSFER

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