



ASPPB

Association of State and
Provincial Psychology Boards

MOBILITY PROGRAM

Closed Records Verification Service

Training Records and Credentials Affidavit

I, the undersigned, hereby certify under oath that I am the person named below, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named on this form and credentials furnished or to be furnished with respect to my request and that all documents, forms, copies thereof furnished or to be furnished with respect to my request are strictly true in every aspect.

I hereby agree to hold harmless and to release, discharge and exonerate the Association of State and Provincial Psychology Boards (ASPPB), its Closed Records Verification Service, its agents or representatives and any person furnishing information, from any and all liability of any type that may arise or result from the sending, content, or future use of documents authorized to be released.

I understand and agree that ASPPB can only provide verification of the materials it originally received from my program or university. ASPPB cannot and does not verify the accuracy or completeness of the documents received from my program or university other than to verify the materials released are the materials originally received from my program.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Alabama without regard to principles of conflicts of law.

I agree that this Agreement constitutes a complete and full agreement among the parties as to the terms and conditions relating to the release of information, materials, documents, orders or the like by the ASPPB Closed Record Verification Service.

I authorize the ASPPB Closed Record Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Program/University Attended

Student/Trainee/Psychologist's Signature

Student/Trainee/Psychologist's Printed Name

Date

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

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