



# ASPPB

Association of State and  
Provincial Psychology Boards

## MOBILITY PROGRAM

Closed Records Verification Service

Verification Request/Payment Form

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*Date*

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*Requestor Name*

**Please check which transcript request you would like:**

Standard Transcript Request (*Processed within 5-10 business days*) - \$10.00

Expedited Request (*Processed within 5 business days*) - \$30.00

Cashier's check, personal check, money order, certified check, corporate business check or major credit cards are accepted for payment of application fees. Make checks payable to ASPPB. *All payments must be in U.S. funds and are **nonrefundable**.*

Please attach method of payment or complete the credit card authorization for payment and return to ASPPB.

**Please indicate the type of payment you are submitting:**

Visa

MasterCard

AMEX

Discover

Check

Credit Card or Check No.	Total Amount Due:
Expiration Date:	Billing Address (for credit cards only)
Signature:	

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