

OREGON BOARD OF PSYCHOLOGY

Transfer of Application / License Information

Please use this form to request information contained in your file.

Name: _____ License #: _____

Social Security (last 4 digits): _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Desired Format for Delivery:

Mail to:

Email Scanned PDF to:

Check the item(s) you would like included with your request:

License Materials

Supervised Work Experience References

Application Materials

Transcript(s)

Continuing Education

Examination Scores

Other (please specify): _____

Include license verification letter (additional \$5)

I hereby authorize the Oregon Board of Psychology to release the documents specified above, which may include sensitive information such as social security number, from my file.

Signature: _____ Date: _____

Please submit this form & check for **\$20.00** (plus \$5 for license verification, if applicable) to:

Oregon Board of Psychology
3218 Pringle Road SE, Ste. 130
Salem, OR 97302-6309

The request fee is non-refundable. If you have any questions, please contact the Board's office at 503-378-4154 or psychology.board@mhra.oregon.gov