

## Request for Certified Verification of Licensure and/or Official Licensing File Transfer

For multiple requests, please submit a separate request form and fee for each additional request.

Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

**ITEM(S) NEEDED** (please mark one or both, and provide the information needed):

**Certified Verification of Licensure** (Please include the \$5.00 fee, per B&P Code §2987(i))

Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Scanned PDF to:

\_\_\_\_\_

**Official License File Transfer** (Please include the \$10.00 fee, per B&P Code §2987(j))

Copy of licensing file may be sent un-redacted if requested by the licensee and signed below the release.

Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Scanned PDF to:

\_\_\_\_\_

Pursuant to the Information Practices Act, section 1798.24(b) of the Civil Code, I hereby consent to the California Board of Psychology (Board) releasing the documents contained in my license file, which may disclose personal information (defined in section 1798.3 of the Civil Code) contained therein, for copying and sending to the person named above. This consent is valid for 60 days from the date this form is received by the Board unless otherwise specified.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Daytime Phone Number)