

# 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 Oregon.BPE@state.or.us.