



Mississippi Board of Psychology

MAILING LIST PURCHASE FORM

VENDOR NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

For what purpose are you requesting a mailing list?

The Board is providing the information below pursuant to the Mississippi Public Records Act, Miss. Code. Ann. §25-61-1. The available information is of active License Psychologists which includes Name, Business mailing address; Business Phone Number, License Number, Original Issued Date, Expiration Date, Disciplinary Action.

Fee for Mailing List is \$100.00. Check made Payable to the Mississippi Board of Psychology and mailed to 2395 Deerfield Road, Yazoo City, MS 39194

Format Requested ___Paper ___Electronic ___Excel ___Comma-Delimited ___Tab-Delimited
other please indicate_____

Media type: ___email or ___mail

The Board allows use of its mailing list for the purpose of informing licensees of continuing education offering, training, job opportunities, and health providers for the purpose of verification.