



**MISSISSIPPI  
BOARD OF  
PSYCHOLOGY**

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**Mailing List Purchase Form**

**Vendor Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City, State Zip**

**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 licensed psychologists, which includes name, mailing address, business phone number, fax number, email, license number, issue date, and expiration date.

The fee for a mailing list is \$100.00. Make checks payable to the Mississippi Board of Psychology. Submit relevant documentation along with this form and payment to the Board office (PO Box 20, Jackson, MS 39205).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_