



STUDENT VERIFICATION FORM

I _____ am currently a student enrolled in a
(Student's name)
school psychology program YES or NO.

I attend: _____
(college name)

Program Director/Internship Supervisor signature is required for
student rate: _____
(signature of Supervisor)

Please send completed form to:

Adrienne Avallone
FASP Membership Chairperson
8113 Bautista Way
Palm Beach Gardens, FL 33418