



STUDENT VERIFICATION FORM

I _____ am currently a student enrolled in a
(Student's Name – Please Print Name)
school psychology program.

I attend _____
(University Name)

Program Director/Internship Supervisor – signature is required for
student rate.

(Signature of Supervisor)

Student Contact Information:

Email Address: _____

Primary Phone: _____

Please send completed form to:

Paula M. Lewis
FASP Membership Chairperson
P.O. Box 1416
Jensen Beach, FL 34958