



Globe Language Services, Inc.
 Evaluation Service
 305 Broadway, Ste. 401, New York, NY 10007
 Tel: (212) 227-1994 Fax: (212) 693-1489
 E-Mail: globe@globelanguage.com

APPLICATION FOR DUPLICATE OF ORIGINAL

***=REQUIRED FIELD**

Please Select*: Translation Evaluation

Please note that duplicates are available for evaluations and translations completed within the last ten years. Copy requests are processed within **three** business days. Duplicates of evaluations and translations are **\$40** for the first copy and **\$20** for each additional copy. **Same-day service** is available for **\$55** for the first copy and **\$20** for each additional copy.

Please indicate the following information to facilitate the processing of your request:

File Name (located on the upper right-hand corner of an **evaluation** or at the bottom of a **translation**):

FOR EVALUATION:

Social Security Number:
(required for New York City Jobs)

Diploma/Degree Evaluation Course-by-Course Evaluation

FOR TRANSLATION:
 please indicate type of document

Secondary School Document Higher Education Diploma
 Transcript Birth Certificate Marriage Certificate
 Divorce Certificate Work Experience Letter
 Medical Certificate Other

1. Last Name* 1a. First Name* 1b. Middle Name

2. Document from what country?*

3. Street Address* 3a. Apt.#/Suite*

3b. City* 3c. State/Province* 3d. Postal Code*

3e. Country* 4. Tel. Contact No. 4a. Fax No.

5. E-Mail Address*: 6. Date of initial evaluation or translation:

MAILING SERVICES

Express Mail (\$40) Priority (\$15)
Not available for D.C.A.S International (\$15) POSTCARD (\$3)

Special Request:

Sealed Envelopes (\$5 Each)
 Rush Service (\$15)

7. Number of duplicates requested:*

8. If you would like this duplicate mailed to an agency or another person, please provide name and address below:
 For D.C.A.S. please provide the Exam # and Title

8a. Name of Person or Agency

8b. Street Address

8c. City 8d. State/Province 8e. Postal Code

8f. Country 8g. Phone No. 8h. Fax No.

Payment is accepted by credit card and money order only. **No personal checks. No third party credit cards.**

10. **Payment:** I authorize Globe Language Services, Inc. to charge my credit card in the amount of:

Credit Card*: Credit Card Number*: Expiration Date*:

CVV2*: (3 numbers on back of credit card OR 4 numbers on front of American Express Card)

Billing Address*:

City* State/Province* Postal Code*

Cardholder's Name*: Date*:

Fees are non-refundable.

Signature Printed Name Date