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APPLICATION FOR DUPLICATE OF ORIGINAL

Please note that duplicates are available for evaluations and translations completed within the last 10 (TEN) years.

1) Last Name: _____ First Name: _____ Middle Name: _____

2) Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Document from what Country: _____

3) Contact Telephone: _____ Fax: _____ E-Mail: _____

4) Requesting Duplicate of:

EVALUATION

TRANSLATION

Social Security Number: _____

Please indicate type of document

- Diploma/Degree Evaluation
- Course-by-Course Evaluation

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

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

Date of initial evaluation or translation: _____ Name as it appears on the original document: _____

6) If you would like this duplicate mailed to an agency, an educational institution or another person, please provide their name(s) below and attach their address(es) on the separate piece of paper.

Name of Person or Agency: _____

7) Order Summary:

- Number of Duplicates x \$40 for 1st copy, \$20 for each additional copy
- Sealed Envelope x \$5 each
- Rush Service x \$15 (same day)
- Mailing Service: Express Mail x \$40
- Priority x \$15
- International x \$15
- Postcard x \$3

Total Fees \$ _____

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

Credit Card: _____ Credit Card Number: _____ Exp Date: _____

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

Billing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Cardholder's Name: _____ Date: _____

Signature: _____ **Fees are non-refundable.**