



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

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**

Social Security Number: _____

Diploma/Degree Evaluation
Course-by-Course Evaluation

☐ **TRANSLATION**

Please indicate type of document

Secondary School Diploma	Higher Education Diploma
Transcript <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Marriage Certificate
Divorce Certificate	<input type="checkbox"/> Work Experience Letter
Medical Certificate	<input type="checkbox"/> 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	<input type="checkbox"/> x \$50 for 1st copy, \$30 for each additional copy
Sealed Envelope	x \$5 each
Rush Service	<input type="checkbox"/> x \$15 (same day)
Mailing Service: Express Mail	<input type="checkbox"/> x \$40
Priority	x \$20
International	<input type="checkbox"/> x \$15
Postcard	<input type="checkbox"/> x \$5

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.**