GCE

Global Credential Evaluators, Inc.
Offices in Texas, Mississippi, and Virginia
Phone: 800-707-0979 FAX: 979-690-6342 Internet: www.gceus.com

For Office Use Only

Ref # _____

Date _____

Fees: _____

APPLICANT COPY REQUEST

APPLICANT INFORMATION:

Name: _____

Family/Last Given/First Second/Middle

Date of Birth _____/_____/_____

Month Day Year

E-Mail_____

Mailing Address:

Phone Number (_____) _____

_____

Number Street Apt #

FAX (_____) _____

_____

City State Zip Code

Evaluation Information: Reference #: _____ Date Completed: _____

MAILING INSTRUCTIONS:

- ☐ Mail the evaluation directly to the address provided above
- ☐ FAX the evaluation (note the additional charge – sees fees section)
- ☐ Mail the evaluation to the address/es below (note the additional charge if more than one evaluation is mailed – see fees section)

1. Name: _____ 2. Name: _____

Address*: _____ Address*: _____

_____ _____

Telephone: ( ) _____ Telephone: ( ) _____

3. Name: _____ 4. Name: _____

Address*: _____ Address*: _____

_____ _____

Telephone: ( ) _____ Telephone: ( ) _____

*** When requesting Express Mail Service, please provide a street address (no P.O. Box) and daytime telephone number for the above address(es)**

FEES: (check the appropriate boxes)

_____ Mail Copies ($20.00 each - includes Priority Mail to U.S. address)
_____ Overnight Express Mail U. S ($30.00 per address – U.S. Only)
_____ Return Original Educational Documents ($25.00 U.S. address)
_____ FAX Copies ($20.00 each – U.S. numbers ONLY)
_____ International Express ($60.00 per address)
_____ Return Original Educational Documents ($75.00 International address)

TOTAL: _____

METHOD OF PAYMENT ____ Cashier's Check or Money Order ____ Credit Card (Please complete the information requested below.)
____ Visa ____ MasterCard ____ Check Card

Credit Card Number | | | | | | | | | | | | | | | | |

Expiration Date: Month _____ Year _____ CVC** _____

** The CVC number can be found on the back of Visa and Master Card on the signature strip and is 3 numbers long.

Name as it appears on the Credit Card (printed) _____ Amount to be charged $_____

Daytime Telephone Number _____ Card holder billing zip code _____

Cardholder Signature _____ Date of Signature _____

All faxed applications require credit card information

Updated 04/01/11