



Global Credential Evaluators, Inc.

Offices in Texas, Mississippi, and Virginia
Phone: 800-707-0979 Internet: www.gceus.com

APPLICATION FOR COPY REQUEST, RETURN DOCUMENTS, REVIEW

For Office Use Only

Ref # _____

Date _____

Fees: _____

APPLICANT INFORMATION:

Evaluation Information: Reference #: _____ Date Completed: _____

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

MAILING INSTRUCTIONS:

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

Name/Contact/Company _____

Name/Contact/Company _____

Number Street Apt #

Number Street Apt #

City State Zip Code

City State Zip Code

Phone/FAX: () _____

Phone/FAX: () _____

* 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)

- | | |
|--|--|
| <input type="checkbox"/> Mail Official with Priority (\$20.00 each – U.S. ONLY) | <input type="checkbox"/> FAX Unofficial (\$20.00 each – U.S. numbers ONLY) |
| <input type="checkbox"/> Mail Official with Express (\$50.00 U.S. ONLY) | <input type="checkbox"/> Email Unofficial (\$10.00 each – university email ONLY) |
| <input type="checkbox"/> Mail Official with International Express (\$80.00) | <input type="checkbox"/> Return Original Educational Documents (\$25.00 U.S. address) |
| <input type="checkbox"/> Review after 90 days (\$50.00 – include written questions/concerns) | <input type="checkbox"/> 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

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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 _____