



Global Credential Evaluators, Inc.

Phone: 800-707-0979 Internet: www.gceus.com FAX: 979-690-8464

For Office Use Only

Ref # _____

Date _____

Fees _____

APPLICATION FOR REPORT REQUEST, RETURN DOCUMENTS, REVIEW

Evaluation Information: Reference #: _____ Date Completed: _____

Name: _____

Family/Last

Given/First

Second/Middle

Date of Birth _____ / _____ / _____

Month

Day

Year

Phone _____

Email _____

☐ **Email UNOFFICIAL report (\$15 per email address)**

Email: _____

Email _____

☐ **PRIORITY mail OFFICIAL report U.S. address (\$30 per report)** ☐ **EXPRESS mail additional OFFICIAL report U.S. address (\$60 per report)**

Name/Contact/Company

Name/Contact/Company

Number Street Apt/Ste #

Number Street Apt/Stet #

City State Zip Code

City State Zip Code

Phone

Phone

☐ **INTERNATIONAL EXPRESS mail additional OFFICIAL report INTERNATIONAL address (\$100 per report)**

Name/Contact/Company

City State Zip Code

Number Street Apt/Ste #

Phone

☐ **Return Original MAILED Educational Documents (\$50 U.S. address; \$100 International address)**

Name/Contact/Company

City State Zip Code

Number Street Apt/Ste #

Phone

☐ **Review after 90 days (\$50 – include written questions/concerns)** _____

(continue on 2nd page if necessary)

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** _____ Amount to be charged \$ _____

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

Name (printed)

Signature

Date

Billing Address:

Number Street Apt #

City State Zip Code

RETURNED BY MAIL OR FAX:

Global Credential Evaluators, Inc.

3515 – B Longmire Drive PMB 323

College Station, TX 77845

Updated 02/15/18