INTERNATIONAL EDUCATION RESEARCH FOUNDATION, INC.

For Office Use Only

Ref. #: _____

Date: _____

Fees: _____

REQUEST FORM FOR DUPLICATE COPIES OF AN EVALUATION

Please note that there is a two-year limit on requests for copies of any evaluation. We are currently able to issue duplicate copies of reports dated **2010 and thereafter**. For evaluations issued prior to 2010, a new report and new application fees are required. IERF reserves the right to deny a request for a duplicate copy on the basis of changes that may have taken place in: 1) the educational system of the country of study, 2) IERF policy, or 3) the requirements of the institution/licensing board/agency to which the report is to be sent, since the time the initial report was issued. In such a case, a new report and new application fees are required. A separate form is required for duplicates of nursing evaluations and physical therapy evaluations.

Please complete this form clearly and return it with your payment.

Section 1: Applicant Information

Name: _____
Family/Last Given/First Second/Middle

Mailing Address: _____
Number Street Apt. #

_____
City State Zip/Postal Code Country

Telephone: ( ) _____ ( ) _____ Fax: ( ) _____ Cell: ( ) _____
Day Evening

Email: _____ **IERF File #** _____ (Please provide.)

Section 2: Fees

One official copy and one applicant copy are included in the fee.
Allow 10 business days for your report to be mailed.

DUPLICATE COPIES

First Copy ($55) $_____

Additional Copies ($20 each) $_____

RUSH SERVICE

3-Day Rush (add $50) $_____
Payment must be submitted by cashier's check, money order or credit card.

MAILING OPTIONS – (prices are per address)

Domestic

Secure Mailing (add $20 each) $_____
address in ❑ Section 1 ❑ Section 3 ❑ both

Next Day Delivery (add $35 each) $_____
address in ❑ Section 1 ❑ Section 3 ❑ both

International

International Secure Mailing (add $75 each) $_____
address in ❑ Section 1 ❑ Section 3 ❑ both

TOTAL $0

Section 3: Mailing Instructions

☐ Mail the official copy and the applicant copy directly to me at the address in Section 1.

☐ Mail the official copy to the address(es) below and the applicant copy to me. (Note the additional charge if you list more than one address – see Section 2.)

Name: _____
Address*: _____
_____
Telephone: ( ) _____

Name: _____
Address*: _____
_____
Telephone: ( ) _____

* You must provide a street address when requesting Secure Mailing or Next Day Delivery (no P.O. Boxes), as well as a phone number.

Section 4: Certification

I agree to be bound to the same terms and conditions as those in my initial application.

_____ _____
Signature Date