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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 **2016 and thereafter**. For evaluations issued prior to 2016, 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 to IERF, P.O. Box 3665, Culver City, California 90231-3665.

Section 1: Applicant Information

Name:						
Hamo	Family/Last		en/First	Second/Middle		
Mailing Address:	Number		Street		Apt. #	
	City		State	Zip/Postal Code	Country	
Telephone: ()	().	Evening	Fax: ()	Cell: ()	
					(Please provide.)	
Section 2: Fees			Section 3:	Mailing Instructions *		
	applicant copy are included or your report to be mailed.	n the fee.		e official copy and the app is in Section 1.	licant copy directly to me at the	
DUPLICATE COPIES			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			
First Copy (\$55)		\$	addres	ss – see Section 2.)		
Additional Copies (\$25	each)	\$	Name:			
	eived more than one report t t, Detail Report, etc.), please py of:		Address*: Telephone:			
RUSH SERVICES Payme money order or credit card	ent must be made by cashier d.	's check,	Name:			
24-Hour Rush (add \$10 5-Day Rush (add \$50)	00)	\$ \$	Address*:			
MAILING OPTIONS - (pr	ices are per address) *		Telephone:			
Domestic Secure Mailing (ac address in D Secti	dd \$20 each) on 1 □ Section 3 □ both	\$			when requesting Secure Mailing es), as well as a phone number.	
Next Day Delivery address in D Secti	(add \$35 each) on 1 ❑ Section 3 ❑ both	\$	Section 4	: Certification		
	rre Mailing (add \$75 each) on 1 □ Section 3 □ both	\$	U U	be bound to the same terr y initial application.	ns and conditions as	
	TOTAL	\$		Signature	Date	

* Evaluations are sent via regular mail unless otherwise requested. There is no additional fee for regular mail. If submitting original documents, we recommend that you select either Secure Mailing or Domestic Next Day Delivery for the return of your academic records. Please note that the original documents that you submit will not be returned to you via regular mail, unless you instruct us in writing to do so. IERF accepts no liability related to the loss or damage of documents during mailing.