

REQUEST FORM FOR EXTRA OFFICIAL REPORTS OF AN EVALUATION

Standard Processing Time: Five (5) Business days. [NOTE: No refunds will be issued once a request form has been submitted.]

PLEASE PRINT OR TYPE CLEARLY & RETURN WITH YOUR PAYMENT EITHER BY: FAX: 310.275.3528 or email: acei@acei-global.org, if you are paying by credit card. Otherwise, mail your request with payment to: ACEI 9461 Charleville Boulevard, Box 188, Beverly Hills, CA 90212, USA.

[There is a 3-year limit on requests for duplicate reports. Requests for extra official reports of evaluations that exceed the 3-year limit require a new application, fees and resubmission of academic documents. ACEI reserves the right to deny a request for an extra official report if evaluation policies have changed or requirements of the institution/licensing board or agency stipulate additional information. In such a case, a new report and new application fees are required.]

SECTION 1. APPLICANT INFORMATION

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

Mailing Address: _____
 (Number) (Street) (Apt./Suite/Flat#)

 (City) (State) (Zip/Postal Code) (Country)

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

Email: _____ **ACEI REF.#:** _____ **Date of Evaluation:** _____

SECTION 2. FEES

Duplicate Report Fees		<u>Enter Amount</u>
Fee for 1 st Duplicate Report <i>(This Fee applies each time an order is placed)</i>	\$50.00	\$ 50
Fee for additional Duplicate Report	\$35.00 (each) specify#: _____ x \$35.00	\$ _____
Course Match		
Fee is in addition to Duplicate Report & mail fees For specific colleges/universities only, check with ACEI	\$100.00	\$ _____
RUSH Service [OPTIONAL]		
1-business Day RUSH YES NO	If YES, add \$50.00 ⇔ ⇔	\$ _____

Mailing/Shipping Fees [REQUIRED] (Fee per each Address)
 You must select a mailing/shipping service from the list below for the mail delivery of your extra official evaluation(s). If required mailing fee is not selected, you will be charged the **Standard Mail** fee for each additional address provided.

	<u>Specify # of Mailings</u>	<u>Enter Amount</u>
Standard Mail (USPS)	_____ x \$ 20.00 min.*	\$ _____
United Parcel Service (UPS Domestic)	_____ x \$ 50.00 min.*	\$ _____
United Parcel Service (UPS International)	_____ x \$ 80.00 min.*	\$ _____
E-mail (only to 3rd party)	_____ x \$ 10.00	\$ _____

* Mailing/delivery fees listed are the minimum fees for each type of mailing. Certain delivery locations/regions will require additional fees for mail. Applicants will be notified if any additional postage is required.

SECTION 3. MAILING INSTRUCTIONS (Attach an additional sheet if needed)

Same as Section 1.

Mail the 1st extra official report of the evaluation to the address below:	Mail the 2nd extra official report of the evaluation to the address below:
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Tel:() _____	Tel:() _____
Email: _____	Email: _____

SECTION 4. METHOD OF PAYMENT

Personal Check Money Order Cashiers Check American Express Discover MasterCard Visa

Make payments payable to: ACEI [Note: Checks must be drawn in U.S. dollars and on a U.S. bank payable to ACEI.]

CREDIT CARD PAYMENTS:

Name on Card: _____ Card#: _____

Exp. Date: _____ 3 digit security code (back of card) Visa/MasterCard: _____ 4 digit security code (front of card) AmEx: _____

Billing Address (if different from Section 1): _____

I hereby authorize the Academic Credentials Evaluation Institute, Inc. (ACEI) to utilize my credit/debit card for the detailed billing as noted on this form.

Signature: _____ **Date:** _____

SECTION 5. CERTIFICATION

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

Signature _____ Date _____