



## REQUEST FORM FOR DUPLICATE COPIES OF AN EVALUATION

Please note that there is a two-year limit from the time a report is issued for requests for copies of any evaluation. After this date 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 [support@ierf.org](mailto:support@ierf.org) or IERF, P.O. Box 3665, Culver City, California 90231-3665.

### 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 Duplicate Copies (\$25 each, if applicable) \$ \_\_\_\_\_

If you have previously received more than one report type from our office (i.e., General Report, Detail Report, etc.), please indicate which report you would like a copy of:  
\_\_\_\_\_

**RUSH SERVICES** *Payment must be made by cashier's check, money order or credit card.*

24-Hour Rush (add \$100) \$ \_\_\_\_\_

5-Day Rush (add \$50) \$ \_\_\_\_\_

#### **OFFICIAL REPORT DELIVERY OPTIONS** (prices are per address)

**Email** (add \$10 each) \$ \_\_\_\_\_  
address in ☐ Applicant Info ☐ Section 3 ☐ both

**Regular Mail** (add \$10 each) \$ \_\_\_\_\_  
address in ☐ Applicant Info ☐ Section 3 ☐ both

**Domestic Secure Mailing** (add \$25 each) \$ \_\_\_\_\_  
address in ☐ Applicant Info ☐ Section 3 ☐ both

**Domestic Next Day Delivery** (add \$40 each) \$ \_\_\_\_\_  
address in ☐ Applicant Info ☐ Section 3 ☐ both

**International Secure Mailing** (add \$75 each) \$ \_\_\_\_\_  
address in ☐ Applicant Info ☐ Section 3 ☐ both

**TOTAL** \$ \_\_\_\_\_

### Section 3: Where should your official duplicate copy be sent?

The applicant copy of the report will be emailed to the email address in Section 1 above. Please use the area below to identify if the official report should be sent to a different physical address (listed in Section 1 above).

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

Name: \_\_\_\_\_

Address\*: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address\*: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

### Section 4: Certification

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

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
**Date**