



# 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 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 physical therapy evaluations.

Complete this form clearly and return it with your payment to [support@ierf.org](mailto:support@ierf.org) (or to 10736 Jefferson Blvd., #532, Culver City, CA 90230).

### Section 1: Applicant Information

Name: _____			
Family/Last	Given/First	Second/Middle	
Mailing Address: _____			
Number	Street	Apt. #	
_____			
City	State	Zip/Postal Code	Country
_____			
Contact Information: (    ) _____ (    ) _____ _____			
Cell Phone		Landline	E-Mail
_____			
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 (\$30 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**