



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)

**Electronic Delivery** (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 \$29 each) \$\_\_\_\_\_

address in  Applicant Info  Section 3  both

**Domestic Next Day Delivery** (add \$49 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