

e-ValReports

10924 Mukilteo Speedway, #290
Mukilteo, WA 98275

www.e-valreports.com
brad@e-valreports.com

tel: 425-349-5199
fax: 425-349-3420

Course-by-Course Request Form

One Week _____ at \$250.00 or Two Weeks _____ at \$150.00

Name of the individual being evaluated:

____ Mr. ____ Ms. _____

Birth Date: _____ Country of Citizenship: _____

Purpose: _____ Email address: _____

Educational History:

Name of institution: _____ Country: _____ Dates of enrollment: _____ Credential awarded: _____

1. _____
2. _____
3. _____
4. _____
5. _____

The completed evaluation report should be sent to:

Name: _____

Institution: _____

Address: _____

Telephone No. _____ Fax No. _____

Email address: _____

With submission of a request for a credentials evaluation report, you confirm that the information provided is true and that the documents submitted are authentic educational credentials that have not been altered in any way subsequent to their issuance. (Submission of inauthentic or altered documents will result in no report issued and loss of fee.) You understand that an evaluation report issued by e-ValReports is advisory in nature and that there is no guarantee that a desired degree equivalency can be reached or that a particular outcome be made on the basis of an evaluation report alone. Your signature also gives educational officials the permission to release information for credential verification.

Name: _____ Mailing Address: _____

Date: _____

Signature: _____