

Request Form

Next Day _____ at \$150.00 or One Week _____ at \$120.00

Name of the individual being evaluated:

____ Mr. ____ Ms. _____

Birth Date: _____ Email Address: _____

Purpose: _____

Documents Submitted: _____

The completed evaluation report should be sent to:

Name: _____

Institution/Company: _____

Address: _____

Telephone No. _____ E-mail: _____

Reference number (for attorney clients only): _____

With submission of a request of a credentials evaluation report, you confirm to the best of your knowledge that the information provided is true and that the documents submitted are exact photocopies of authentic educational credentials that have not been altered in any way subsequent to their issuance. 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 USCIS action 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: _____

Date: _____

Signature: _____