



APPLICATION FOR CREDENTIALS EVALUATION

DATE _____

INSTRUCTIONS AND GENERAL INFORMATION

Please PRINT all parts of this application. Incomplete applications cannot be processed for credential evaluation.
Please also include the following items with this application:

- Evaluation Fee (Please refer to the Fee Table and mark the appropriate selections).
- Please send official educational credentials (marksheets, certificates, diplomas and transcripts).

All activities pertaining to this application will be conducted by mail, telephone, fax or email directed to the above address. If additional information is required, the credential evaluator will contact the application by telephone, email or in writing.

Approximately two weeks are required to evaluate most credentials. I.A.C.E. reserves the right to extend the evaluation time if considerable research is necessary. I.A.C.E. claims no responsibility for delays by sources outside the Service.

I.A.C.E. is not responsible for any errors that may be submitted on photocopied documents.

WARNING: *Where questions of authenticity arise, the original issuer of the academic credentials will be contacted for verification. The verification will extend the evaluation time. Alteration or falsification of records will result in cancellation of the evaluation. No refund will be given nor will credentials be returned. The agency for which the evaluation was being prepared will be notified.*

PERSONAL INFORMATION

Name _____				
Last Name	First	Middle	Maiden Name	

Name as it appears on educational records				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthplace _____ Date of Birth _____				
City	Country	Month	Day	Year
U.S. Social Security No. _____				
If you do not have a U.S. Social Security Number, please leave this space blank.				
Mailing Address _____				
City/State/Zip Code _____				
Telephone Nos. _____				
Daytime	Evening	Other		
Email Address _____				
Have you ever used our services before? <input type="checkbox"/> Yes <input type="checkbox"/> No Name used & Date _____				
How did you learn about our services? _____				
Anything you would like to add? _____				

– Over –

REQUEST FOR EVALUATION

Where would you like this evaluation sent?
Please provide complete Name/Address.

EDUCATIONAL HISTORY

List all schools you have attended or are attending beginning with primary school. Give exact attendance dates.

School Name	City/Country	Attendance Dates	Title of Diploma Earned

FEE TABLE

Please check the type of evaluation you are requesting.

- \$75.00 **General Evaluation:** Simple equivalency (High School completion, Bachelor's, Master's, Doctorate)
- 125.00 **Detailed Evaluation:** General Evaluation *plus* course-by-course listings with grades earned.

All of the following may be added to either the **General** or **Detailed Evaluations**:

- 75.00 **Rush Service:** Evaluation prepared within five days of receipt.
- 20.00 **Grade Point Average**
- 15.00 **Overnight Mail Service**
- 10.00 **Additional Copy of Evaluation**
- 10.00 **Faxed Copy of Evaluation:** Evaluation will still be mailed to you. Fax No. _____
- 10.00 **Return of Documents:** If you wish the credentials you submitted returned to you.
- 75.00 **Translation Fee:** Spanish, French and Portuguese languages only.

\$ _____ **TOTAL FEE – Payment by check or money order must be enclosed with application.**

Note: To add credentials to your evaluation at a later date, a new application fee will be charged.

EVALUATION AGREEMENT

IMPORTANT: Please read and sign the following agreement. No processing will be done without a valid signature!

1. I agree to the terms specified in this Application for Evaluation.
2. If I.A.C.E. determines that an evaluation cannot be issued, I.A.C.E. shall not be responsible for any damages that I may incur.
3. I agree to reimburse I.A.C.E. for any and all costs, including legal expenses which it may incur as a result of any claim that I (or anyone with an interest in my earnings or services) may make based on the evaluation prepared for this application.
4. I certify that all information provided in this application is true and correct.

Applicant Signature _____ Date _____