

Note: Evaluation Reports Completed Prior to December 30, 2020 are no longer available

Extra Copy Application Form (All Applications must be mailed with full payment)

Full Name:				
	Last (Family)		First	(Unmarried)
Address:	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Report Refere	nce. #:	
E-mail addr	ess:	Date Report of	ompleted:	
		Send Evaluation Reports to the follow	/ina:	
		ach extra copy sent. The cost for a duplicate rep	port is \$50 for the fir	
		ame time. The standard processing time is seventing time is seventing time. See the control of t		
Primary Ex	xtra Copy - Recipient N o to be sent by e-mail or	lame/Shipping Information (please provide efax)	-mail address and /	or fax number if the
-	ly (\$50.00)	Address:		
	OR			
☐ Mail + E-mail/Fax (\$60.00)		Phone: (if sending by courier service)		
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	extra Copy - <u>Recipien</u> to be sent by e-mail or fa	<u>t Name/Shipping Information</u> (please provide e- x)	mail address and / o	or fax number if the
Additional Copy Mail only (\$20.00) X (Per number of <i>additional</i> copies)		Address:		
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☐ _{Additio}	nal Copy plus	Phone: (if sending by courier service)		
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•	e put additional report number of copies requ	requests on a separate sheet with complested: (Please fill out)	lete address infor	mation.)
	•	note, all reports are sent by regular U.S. mail, unle	ss you choose one of	the options below.)
SERV Courie \$40.00 don	r or Express (add nestic, \$100 international).		*3-Day Rush Serv (Extra: add \$30.00)	vice

NO PERSONAL CHECKS ACCEPTED!

Make money order or cashier's check payments payable to **Evaluation Service**, Inc.

No refunds are issued once this application has been submitted.