



Global Credential Evaluators, Inc.

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APPLICATION FOR REPORT REQUEST, RETURN DOCUMENTS, REVIEW

For Office Use Only

Ref # _____

Date _____

Evaluation Information: Reference #: _____ Date Completed: _____

Name: _____
Family/Last Given/First Second/Middle

Date of Birth ____/____/____
Month Day Year Phone _____ Email _____

€ EMAIL official report (\$30 per email address)

Email: _____ Email _____

€ PRIORITY MAIL official report U.S. address (\$30 per report) € EXPRESS MAIL official report U.S. address (\$60 per report)

Name/Contact/Company

Name/Contact/Company

Number Street Apt/Ste #

Number Street Apt/Ste #

City State Zip Code

City State Zip Code

Phone

Phone

€ INTERNATIONAL EXPRESS MAIL official report address (\$100 per report)

Name/Contact/Company

City State Zip Code

Number Street Apt/Ste #

Phone

Submitted Educational Documents: €\$25 per email € \$50 per U.S. address € \$100 per International address)

Email: _____

Name/Contact/Company

Email: _____

Number Street Apt/Ste #

City State Zip Code

€ Correction OR Review after 90 days (\$50 – include written questions/concerns)

(continue on 2nd page if necessary)

METHOD OF PAYMENT ____ Visa ____ MasterCard ____ Check Card

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: Month _____ Year _____ CVC** _____ Amount to be charged \$ _____

** The CVC number can be found on the back of Visa and Master Card on the signature strip and is 3 numbers long.

Name (printed) Signature Date

Billing Address:

Number Street Apt # City State Zip Code

submit form here: <https://www.gceus.com/upload>