



316 N. Milwaukee St., Suite 214
Milwaukee, WI 53202

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Evaluation Application Form

1. Person who earned the education credentials

Last Name or Family Name:

First Name:

Maiden or Previously used name:

Birth date (MM/DD/YY)

2. Evaluations based on education only

- Normal 15-Day (General \$95;
Course-by-Course \$175)
- 3-Day (General \$185;
Course-by-Course \$265)
- 1-Day (General only) \$275
- Overnight Delivery (UPS) \$50;
or enter courier + account # here: _____

Fees payable in U.S. dollars only

Payment Method

- Check enclosed
- Invoice person/firm listed in item 4

Your internal billing reference:

3. Credentials Submitted (please list)

| | |
|------------------|----------------------------|
| Institution name | name of credential awarded |
| institution name | name of credential awarded |
| institution name | name of credential awarded |

4. Address to which report should be sent

Name

Company

Address 1

Address 2

City State Zip

5. Second Report copy if needed

Address to which second report should be sent

Name

Company

Address 1

Address 2

City State Zip

6. Certifications

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I release International Educational Equivalency Evaluation Services, Inc. (IEEES, Inc.) from any damages resulting from the use of an evaluation report.
- I understand that if altered, falsified or forged documents are submitted to IEEES, Inc. at any time, no evaluation report will be prepared, no refund will be made, and the information may be shared with government agencies and other evaluation services.
- I understand that evaluation reports prepared by International Educational Equivalency Evaluation Services, Inc. are advisory, and are not binding on any institution, organization, or agency.

Signature _____

Name _____
please print

Date _____