

Additional Reports Request Form

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WES Reference #: _____ Date of Birth: (Month/Day/Year): _____

Name: _____
 Last/Family First/Given Middle

Address: _____
 Street City Province Country Postal Code

Email: _____ Telephone: _____

PURPOSE FOR DUPLICATE REPORT

Education Employment Immigration Licensing Field _____ Province _____

SEND ADDITIONAL REPORTS TO THE FOLLOWING ADDRESS(ES) (REQUIRED): (Attach additional sheets if there are more than 2 addresses.)

1. _____

 City Province Postal Code

2. _____

 City Province Postal Code

Delivery method for this address (required; choose one)

- Regular Mail (\$0) Next Day (Canada) (\$25)
 Registered Mail (Canada)(\$20) USA/International Express (\$75)
 Registered Mail (USA/International) (\$30) Fax (Canada/USA) (\$10)
 Fax (International) (\$20)
 Fax No. _____

Delivery method for this address (required; choose one)

- Regular Mail (\$0) Next Day (Canada) (\$25)
 Registered Mail (Canada)(\$20) USA/International Express (\$75)
 Registered Mail (USA/International) (\$30) Fax (Canada/USA) (\$10)
 Fax (International) (\$20)
 Fax No. _____

FEES

The Cost for additional report is \$40.00 for the first report and \$25.00 for each additional report ordered at the same time, plus delivery fees. The standard processing time is 1 (one) business day upon the receipt of full payment.

Fee Summary:

First Duplicate Report **\$ 40.00**
 Additional Reports \$25.00 X _____ (number of additional copies) \$ _____
 Total Delivery Fee (for all addresses/fax numbers) \$ _____
 Sealed Envelope Service (\$10.00) (optional) X _____ (number of additional copies) \$ _____

Academic institutions generally require that they receive an official WES evaluation report directly from WES. If you are ordering reports that you plan to submit to an institution at a later date, we advise that you request our sealed envelope service. WES will send the additional reports TO YOU in individually sealed envelopes that most institutions will accept as official.

Total Amount \$ _____

PAYMENT OPTIONS

Charge my : (Check one) Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Billing Address (required) : _____

Number and Street

Apt./Flat Number

City

Province

Country

Postal Code

Signature of Cardholder (required): _____ Date: _____

Cheque/Money Order Enclosed (Payable to *World Education Services*)

Mail To: World Education Services
 45 Charles St. East Suite 700
 Toronto, ON M4Y 1S2

Fax To: (416) 972-9004