



APPLICATION FOR EXTRA FOREIGN CREDENTIAL EVALUATION REPORTS AND/OR TRANSLATION

(Please note that we will only issue extra evaluation reports and translations for three years after the original date of completion. If your original service was provided over three years ago, please visit www.jsilny.org for information on how to apply for a new service.) ONCE the application is received and processed all fees are **non-refundable**.

PERSONAL INFORMATION

If you have a U.S. Social Security number, please list it: _____ Gender: _____
Male/Female

Full name: _____
Last name Given name Middle/Maiden name

Full Address: _____ Apartment #: _____
(if applicable)

City _____ State _____ Zip code _____ Country (if not U.S.) _____

Date of birth: _____ Country of citizenship: _____ Country of birth: _____
Month / Day / Year

Telephone: _____ Fax: _____ E-mail: _____
Area code and number Area code and number

Date and purpose of the service(s) originally completed with JS&A: _____

*** Please specify which type of report and quantity you are ordering. This process takes at least 10 business days from the date we receive this form and payment. You may also request a rush service.

BASIC FEES:

<u>Evaluation</u> report basic fee: (U.S. \$30 each): _____ How many?	Specially Sealed <u>Evaluation</u> report basic fee: (U.S. \$35 each): _____ How many?
<u>Translation</u> basic fee service (up to 1 year after completion): ** (U.S. \$30 each): _____ How many?	Specially Sealed <u>Translation</u> basic fee: ** (U.S. \$35 each) _____ How many?
<u>Translation</u> service basic fee (after 1 year of completion): ** (U.S. \$50 each): _____ How many?	Specially Sealed <u>Translation</u> basic fee: ** (U.S. \$55 each) _____ How many?

(** **IMPORTANT:** Please provide clear and legible photocopies of the documents which were previously translated. Without these documents in the **original language**, we will not be able to provide you with the extra **translation** report).



RUSH FEES:

- ☐ 24-hr. report (excluding mail time) (\$300 + basic fee)
☐ 2-day report (excluding mail time) (\$200 + basic fee)
☐ 5-day report (excluding mail time) (\$100 + basic fee)

*** Please print below the FULL name and mailing address of the individual(s) or institution(s) to which these reports are to be sent. If requesting more than 2 reports, please attach a sheet with additional addresses. **Please specify method of delivery per address in the U.S.**

Method of delivery per address in the U.S.: First-Class Mail (no cost), by courier (U.S. \$45), Priority Mail (U.S. \$20)

(first address): First-Class Mail ☐ courier ☐ Priority Mail ☐

(second address): First-Class Mail ☐ courier ☐ Priority Mail ☐

1) _____

2) _____

If you would like for us to **return your original academic credentials** by a secure mailing service, please choose from the following options:

Within the continental United States: ☐ By Priority Mail: U.S. \$20

☐ By courier: U.S. \$45

Outside of the United States: ☐ By international courier: U.S. \$85

If the fee paid by the applicant does not cover the cost of the courier, we may use U.S.P.S. Priority Mail Express instead.

Those in extended delivery areas will be billed for the balance of the fee.

JS&A accepts no liability for loss or damage of academic credentials during mailing.

JS&A does not accept courier airbills filled out by applicants.

If you would like us to **e-mail instead of mail** your reports, provide us with a legible and accurate e-mail address:

The cost of emailing an evaluation report is \$30 for each email address. The cost of emailing a translation report (up to 1 year after completion) is \$30 for each email address and the cost of emailing a translation report (after one year from completion) is \$50 for each email address.

Make the bank check or money order payable to Josef Silny & Associates, Inc. If you are paying by a credit card you must fill out and submit the Credit Card Information form. All fees are NON-REFUNDABLE.

I, the undersigned applicant, certify and represent that all information provided in this Application is complete, factually accurate, and honestly presented, and that I have read and understand the instructions and conditions (including that all fees are **non-refundable**). I agree to the terms stated herein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. Further, in consideration of the payment by the undersigned applicant, and the mutual undertakings by the parties as stated in this Application ("Agreement"), the undersigned applicant releases JS&A, its officers, directors, employees, and agents, from any liability or damages resulting from: (a) the use to which I or any agency or institution puts the evaluation, and (b) for the loss of any original documents. In addition, any litigation arising out of this Agreement will be under Florida law, and venue will be in Miami-Dade County, Florida. The prevailing party to any litigation arising out of this Agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

X

Signature of the Applicant

Date

Josef Silny and Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173
Tel.: (305) 273-1616 Fax: (305) 273-1338
E-mail: info@jsilny.org



Josef Silny & Associates, Inc.
International Education Consultants
Tel.: (305) 273-1616
Fax: (305) 273-1338 / Translation Fax: (305) 273-1984
E-Mail: payment@jsilny.org
Website: www.jsilny.org

CREDIT CARD INFORMATION

You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

E-mail address: _____ Phone No.: _____
Area code and number

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address: _____
Street address Apartment number (if applicable)

City State Zip code Country (if not U.S.)

I authorize Josef Silny & Associates, Inc. to charge my (check one):

☐ VISA ☐ MASTER CARD ☐ DISCOVER

in the **TOTAL** amount of U.S. \$ _____ **← (TOTAL amount of your order must be filled in to process your payment.)**

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____ 

Signature of Cardholder (Required): _____ Date: _____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **non-refundable**) as stated in the JS&A application.