

INTERNATIONAL EDUCATION EVALUATIONS, INC.

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APPLICATION FOR TRANSLATION SERVICES
PLEASE PRINT OR TYPE ALL INFORMATION

1. **Name** _____ **Date of Birth** ___/___/___
(Last) (First) (Middle) (Maiden)

2. **Mail translation to** _____
Name Number and Street

City State/Providence Zip Code

3. **Telephone Number**(____) _____ **Fax Number**(____) _____

4. Explain any special needs: _____

5. Please list **ALL** documents you wish to have translated

Name of Document	Language	Number of Pages
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. FEE FOR TRANSLATION OF DOCUMENTS

Number of Pages _____
Cost per page for translation \$60 _____ x \$60
(no minimum number of pages)
Total Per-Page Cost _____

Set-up Fee (mandatory fee) _____ \$25.00

Shipping Options

Priority Mail (optional) + \$ 10.00 _____
Overnight Delivery (optional) + \$25.00 _____

Total Included \$ _____

7. PAYMENT (Check the box)

NO PERSONAL CHECKS !!

- Money order enclosed
- Charge credit card below

Please charge my credit card # _____ - _____ - _____

Expiration date ____/____/____
Month Year

8. Certification

I understand that IEE, Inc. is not responsible any items that are lost by any third party shipping company or institution. Unless I have paid for overnight delivery, all documents will be shipped via USPS unregistered mail. I certify that all documents submitted have not been forged or altered in any way and is an exact replica of the original.

9. **(Signature)** _____ **(Name, printed)** _____

PLEASE RETURN THE COMPLETED APPLICATION WITH THE FOLLOWING:

- o PHOTOCOPIES OR ORIGINALS OF DOCUMENTS TO BE TRANSLATED
- o CREDIT CARD NUMBER, OR MONEY ORDER PAYABLE TO:

INTERNATIONAL EDUCATION EVALUATIONS, INC.