



## Request for Additional Report Copies

The fee for additional copies of a completed report is \$30 for the first copy and \$10 for each additional copy thereafter ordered at the same time.

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**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reference # (If known):** \_\_\_\_\_

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\*Note: Official PDF evaluations are sent only to third-party institutions. PDF evaluations emailed to applicant are unofficial.

**Address (If report is to be sent via mail or courier):**

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**Grand Total (Subtotal + Additional Services):** \$ \_\_\_\_\_

**Payment options:**

<b>Payment Options:</b> <input type="checkbox"/> I am enclosing a check drawn on a US bank, or a money order or cashier's check made payable in US dollars to: <b>Educational Perspectives</b>			
<i>Please bill my credit card</i> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Cardholder Name: _____		Credit Card #: _____	
Expiration Date: _____ / _____		CVV #: _____ (last 3 digits on back of card)	
Billing Address: _____			
(name)		(number)	(street) (apt/unit #)
(city & state)		(zip or postal code)	(country)
Cardholder Signature:  _____			

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year