



## **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](http://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**

Gender: \_\_\_\_\_  
Male Female

Full name: \_\_\_\_\_  
Last name Given name Middle/Maiden name

Full Address: \_\_\_\_\_  
Full Street 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 10 business days from the date we receive this form and payment. You may also request a rush service (see page 2).

### **BASIC FEES:**

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

(1<sup>st</sup> address): ☐ electronically (\$10) ☐ Domestic courier (\$50) ☐ Priority Mail (\$25)  
☐ First Class Mail (\$10) ☐ International courier (\$90)

(2<sup>nd</sup> address): ☐ electronically (\$10) ☐ Domestic courier (\$50) ☐ Priority Mail (\$25)  
☐ First Class Mail (\$10) ☐ International courier (\$90)

1) \_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*You must pay for the report + mailing fee for the extra translation and/or evaluation report.

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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. \$25  
☐ By courier: U.S. \$50

Outside of the United States: ☐ By international courier: U.S. \$90

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.

**The cost of emailing an evaluation report is \$30 + \$10 (mail fee) for each email address. The cost of emailing a translation report (up to 1 year after completion) is \$30 + \$10 (mail fee) for each email address and the cost of emailing a translation report (after one year from completion) is \$50 + \$10 (mail fee) for each email address.**

**Make the bank check or money order payable to Josef Silny & Associates, Inc. If you are paying by a credit/debit 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.



\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date



**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](mailto:payment@jsilny.org)  
Website: [www.jsilny.org](http://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.