



Request for Additional Evaluation Copies

Information

Full Name: _____
(Print your full name as it appears on your evaluation)

FCSA ID Number: _____ **Approximate Date of Initial Evaluation*:** _____
**Reports are guaranteed to be available for two years following the exact original date of evaluation but are typically available for up to four years.*

Email Address: _____
Please provide a current e-mail address. FCSA will use this address to contact you should any issues arise with the processing of your request.

Services

Number of Additional Copies Needed (\$25.00 per report) _____ x \$25.00 = _____
(Additional copies are processed within 2-3 days)

Additional Copy Expedited Delivery Options *(USPS Shipping without tracking is included at **no cost** to you)*

US Expedited Delivery (\$25) *(Per address)*

International Expedited Delivery (\$35) *(Per address)*

Total

Address(es) to which you would like your copy or copies to be mailed

Shipping Address 1:	Shipping Address 2:
Attention to: _____	Attention to: _____
Street, Apt/Suite: _____	Street, Apt/Suite: _____
_____	_____
City, State, Zip: _____ <i>(Country, if not USA)</i>	City, State, Zip: _____ <i>(Country, if not USA)</i>

Payment Information

Enclosed US Check or US Money Order *(Make payable to FCSA)*

Credit Card

Visa **MasterCard** **American Express**

Billing Address: _____

Name on Card _____

Credit Card Number _____

Expiration Date: _____ CVV # _____

Authorization Signature _____

Notes, special requests: *(For example: I need my report in a separate sealed envelope) (optional):*