



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: ____ x \$25 per report = ____
(Additional copies are processed within 2-3 days)

Additional Copy Shipping Options

- Domestic First-Class USPS, 2-3 business days (free)
- Domestic Expedited USPS, 1-2 business days (\$25) *(Per address)*
- International DHL Express, 3-5 business days (\$50) *(Per address)* **(REQUIRED for all international shipping)**

Total cost: _____

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

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Street, Apt/Suite: _____	Street, Apt/Suite: _____
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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):*