

Office Use Only

File # _____

Send to 3rd Party _____

Duplicates _____

By Mail _____

By Courier _____

Pick up _____

REQUEST DUPLICATE COPIES OF EDUCATIONAL CREDENTIAL ASSESSMENT/SEND TO A THIRD PARTY

Complete this form to have duplicate copies of your Educational Credential Assessment (ECA) report sent either to yourself or directly to a third party. CES ECA reports issued after 1997 are available in most cases. Those issued prior to 1997 are no longer available.

APPLICANT INFORMATION AND MAILING ADDRESS

<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	Surname/Family Name (exactly as shown on your identification)
First Name/Given Name			Middle Name
Maiden/Former Name			Date of Birth MM/DD/YYYY

Mailing Address:

Apt/Unit	Street Number	Street
City/Town		Province/State
Country		Postal Code/ Zip Code
Email		Phone Number

IMPORTANT: We communicate primarily by email. For confidentiality, please provide an email address used exclusively by yourself. Please provide a photocopy of both sides of government-issued photo identification showing date of birth to identify you as the rightful owner of the documents.

I authorize CES to send a copy of my Assessment Report to the following Third Party:

Contact Name and Organization

Mailing Address:

Apt/Unit	Street Number	Street	
City/Town		Province/State	Postal Code/Zip Code
Country	Email	Phone Number	

To have your Assessment Report sent to multiple third parties, please complete a separate form for each request.

INFORMED APPLICANT'S AGREEMENT AND CONSENT: I hereby request that CES issue duplicate copies of my Educational Credential Assessment report as specified to be sent to me or sent to a third party, as per the instructions on this application.

I will notify CES in writing of any change to my personal information. I acknowledge that my date of birth (DOB) might appear for identification purposes on my Educational Credential Assessment Report.

I hereby release the University of Toronto, its agents, and any person or entity that provides information in accordance with this consent, from any and all actions, claims and demands for damages, loss, expense or injury, howsoever arising, which may hereafter be sustained by me as a result of the provision, collection, use or disclosure of information as set out above.

IMPORTANT: This application form must be signed by the person whose name appears on the assessment.

Applicant Name
(please print)

Applicant Signature

Date (MM/DD/YYYY)

The University of Toronto respects your privacy. Personal information you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. The information you provide on this form will be used in assessing your request. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact scs.privacy@utoronto.ca.



COMPARATIVE EDUCATION SERVICE (CES)

PAYMENT METHODS

American Express	MasterCard	Visa	Money Order / Bank Draft	Certified Cheque
Credit Card Number			Expiry Date	
Name of Card Holder				
Total Fee (Canadian \$)				

SERVICE OPTIONS AND PAYMENT METHODS

DUPLICATE COPIES: \$ 29 + 13% HST

Number of sets requested _____ X \$29 + 13% HST = \$ _____	Date of Original Assessment: MM/DD/YYYY
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ASSESSMENT REPORT SENT TO THIRD PARTY: \$29 + 13% HST

Number of sets requested _____ X \$29 + 13% HST = \$ _____	Date of Original Assessment: MM/DD/YYYY
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DELIVERY OPTIONS

Processing time is approximately 5 business days upon receipt of your request and payment (provided that your original assessment has already been completed). Please note that processing times **do not** include delivery.

- | | | |
|--|---|----------------|
| <input type="checkbox"/> Pick Up – No fee | <input type="checkbox"/> Regular Mail Service within Canada | No fee |
| <input type="checkbox"/> Regular Mail Service – International \$10 + 13% HST | <input type="checkbox"/> Courier Service within Canada | \$25 + 13% HST |
| <input type="checkbox"/> Courier Mail Service – International \$90 + 13% HST | | |

IMPORTANT: CES is not responsible for lost or misdirected mail. If your mailing address changes, notify CES by visiting learn.utoronto.ca/international-professionals/comparative-education-service-ces/contact-us

IMPORTANT: Full Payment must accompany this application form. All fees are in Canadian dollars. We do not accept other currencies. Fees are subject to change without notice. All fees are final and non-refundable.

Note: If the credit card holder is not the applicant, the actual card holder must complete the information below.

I, (please print) _____, am the credit card holder. I authorize my credit card to be charged the amount indicated above for the purposes of the issuance of an Assessment Report for:

Applicant's full name _____

I have also read and agree to all of the CES Terms and Conditions.

Credit Card Holder Signature: _____ Date: (MM/DD/YYYY) _____

CES will accept credit cards, bank certified cheques and money orders issued by Canadian banks and made payable to the University of Toronto.

Personal cheques, debit cards, bank drafts, and cash are NOT accepted. Once the payment is processed by CES, this personal payment information will not be retained as part of the application package.

Visit our website for more information www.learn.utoronto.ca/ces.

SUBMIT APPLICATION TO:

Comparative Education Service (CES)
University of Toronto School of Continuing Studies
158 St. George Street
Toronto, ON, Canada
M5S 2V8