

International Education Verification Order Form

Client Name: _____	Account No.: _____
Address: _____	City, State Zip: _____
Your Name: _____	Position: _____
Country: _____	Phone: _____
Fax: _____	Email Address: _____

Please process a **Enrollment/Degree Verification** on the following individual: **(Bold indicates a required field)**

Full Name of Subject: _____ **Sex:** Male Female
(Include hyphenated names/both surnames / Asia: Try to provide spelling in country's alphabet. Mother's Maiden name required for Latin American Jurisdictions)

Mother's Maiden Name*: _____
**(Mother's Maiden Name above is required for Latin American Jurisdictions (Include hyphenated names/both surnames/ Asia: Try to provide spelling in country's alphabet.))*

Full Name Under Which Student Attended: _____

College/University Attended: _____

School/Campus Name _____ *(e.g. School of Law)*

School Full Address: _____

School Phone: _____ **School Fax:** _____

Country: _____

Type of Degree Claimed (not US equivalent if different): _____ **Major:** _____

Date of Graduation (Spell Month) _____ **Date of Degree Issuance:** _____

Dates of Attendance (Spell Months) _____ **From:** _____ **To:** _____

Student ID#s: (required by some schools) _____ **Student Seat#:** _____

Conditions of Order:
 IN REQUESTING THIS REPORT WE ACCEPT THAT IT CANNOT BE GUARANTEED AS ACCURATE IN THAT SDS INC., (IT'S AGENTS) OR ASSOCIATES HAVE NO PRACTICAL OPPORTUNITY TO AUDIT OR CONFIRM ALL SOURCE DATA. WE FURTHER AGREE THAT THE INFORMATION WILL NOT BE USED AS EVIDENCE OR AS A BASIS FOR ANY LEGAL ACTION. WE WILL NOT HOLD SDS INC., RESPONSIBLE FOR POTENTIAL OR ACTUAL LOSSES THAT MAY OCCUR FROM ANY DECISION MADE SUBSEQUENT TO THE RECEIPT OF THIS REPORT. THIS INFORMATION IS FOR OUR EXCLUSIVE USE AND WILL NOT BE SOLD. THE AMOUNT OF INFORMATION MAY VARY WITH EACH REPORT DEPENDING ON THE SITUATION AND WHAT INFORMATION IS AVAILABLE. I UNDERSTAND THAT DATABASE RETRIEVED REPORTS ARE NON- CANCELLABLE AND THAT CANCELLATIONS ON FRESHLY PREPARED REPORT ORDERS MUST BE RECEIVED IN WRITING WITHIN TWO (2) HOURS OF RECEIPT OF THE ORIGINAL ORDER AND BE APPROVED BY SDS INC. I UNDERSTAND PAYMENTS FOR REPORTS ARE IN ADVANCE UNLESS OTHER ARRANGEMENTS ARE MADE IN WRITING. DUE TO THE CUSTOMIZED NATURE OF YOUR BUSINESS I AGREE THAT PAYMENTS MADE BY CHARGE/CREDIT/DEBIT CARD CAN BE DEBITED AT THE TIME OF MY ORDER AND NOT NECESSARILY WHEN DELIVERY IS MADE. I UNDERSTAND THAT REFUNDS OR CHARGE BACKS ARE NOT AVAILABLE FOR REASON INCLUDING BUT NOT LIMITED TO CONTENT OF REPORT, POSSIBLE LATENESS, ETC. I AGREE TO THE POLICIES SET FORTH HERE, IN THE PRICING PAGES OF YOUR BROCHURE AND YOUR WEB SITE AND I UNDERSTAND THAT PRICING CAN CHANGE WITHOUT NOTICE.

Your Signature _____ **Today's Date** _____

Payment Information:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoice	Check	Money Order	International Money Order	Credit Card	Credit Card On File
Credit Card Information:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		VISA	MC	AMEX	DSCVR
Credit Card Numbers:		_____		Name(s) Card	Expiration Date: CVV
Full Billing Address:		_____			
Charge Credit Card on file Yes <input type="checkbox"/> No <input type="checkbox"/> Amount Approved: _____					
Signature		Position		Date	

Other: _____

THANK YOU FOR YOUR ORDER!
7 480.794.1473