

**ERES Corporate Office**

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Educational Records Evaluation Service**Educational Records Request Form**

To be Completed by the Student			
I hereby authorize the Institution below to release my official documents to Educational Records Evaluation Service (ERES).			
Name of School:			
When Attended:			
Degree Awarded:			
Student Name:		ERES reference#: - -	
Address:		Student #:	
		DOB: / /	
		Email:	
		Phone#:	
Signature:		Date:	/ /

APPLICANT DO NOT WRITE BELOW THIS LINE

To be Completed by the University, College or School			
Please select and email the official documents directly to edu@eres.com : (Note: submission will not be accepted if it comes from a non-verifiable domain)			
<input type="checkbox"/> Original Transcripts.			
<input type="checkbox"/> Proof of Graduation or Awarded Degree			
<input type="checkbox"/> Course Description or Syllabus or Curriculum			
Signature:		Date:	/ /
Title:			
Notes:			