



Hudson Credential Evaluations, LLC.
P.O. BOX -974
Marysville, OH – 43040

APPLICATION FOR CREDENTIAL EVALUATION

1) Personal Details:

Gender: ___ Female ___ Male

First Name: _____
(Name as it appears on your degree certificate)

Last Name: _____
(Last name is your Family name)

Birth Date: _____ Citizenship: _____

2) Educational Details:

Purpose of Evaluation: _____
(H1B, L1, I-140, OR TN)

Name of the University: _____

Degree Awarded: _____
(Please mention 3 or 4 year degree)

Year of Graduation: _____

Name of the University: _____

Degree Awarded: _____
(Please mention 3 or 4 year degree)

Year of Graduation: _____

3) Mailing Address:

Street _____ Apartment# _____

City _____ State _____ Zip Code _____

Phone: _____ FAX: _____ E-mail: _____

4) Type of Service: (Please see [RATE CHART](#) for price of each service)

24 Hours Service: _____ Regular Service (3 Days): _____



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5) I affirm that all materials and information on this application are true and correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Go green by sending your documents by email...