



**Ashland Educational Services**  
 Illinois non-for-profit private agency

**Instructions to complete the Ashland Application Agreement Form (AAAF)**

- **Step I** Read the “Policies, Procedures on authenticity, Conditions and Disclaimer” section of the end of the Ashland Application Agreement Form. (AAAF) Page #2.
- **Step II** Complete and sign the Ashland Application Agreement Form (AAAF)
- **Step III** Attach your academic support documents in original language with Certified English Translations by the American Association of Translators (ATA) or approved translator
- **Step IV** Attach the full amount fee (non-refundable after three business (3) days) or application had been submitted.
- **Step V** Submit the documentation to us. Visit our website for the latest information.

**Personal Information:**

Last Name (Family) \_\_\_\_\_

First Name: \_\_\_\_\_

Middle/ Maiden name (Unmarried) \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Apt No/ Unit: \_\_\_\_\_ City: \_\_\_\_\_

State/Providence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Student Academic History:**

**Instructions:** Complete each of the required fields:

**Name of the institution:** \_\_\_\_\_

**Location of the institution: Town / City:** \_\_\_\_\_

**Province/State/District:** \_\_\_\_\_

**Region/County:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Name of the program completed:** \_\_\_\_\_  
 \_\_\_\_\_

**Major Field of study/ Specialization:** \_\_\_\_\_

Date of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Years of study: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Graduation date/ Completion date (Month/Year): \_\_\_\_\_



# Ashland Educational Services

## Illinois non-for-profit private agency

**Purpose of Evaluation:**

Circle one: (a) Employment (b) Further Education (c) Professional Board (e) Other  
 Comments:

**Send Credential Evaluation Reports to the following:**

**Illinois State Board of Education (ISBE):** \_\_\_\_\_ ISBE IEIN: \_\_\_\_\_

**Florida Board of Nursing (FL. BON)** \_\_\_\_\_

The cost for a duplication is \$24.00 for the first copy and \$14 for additional copy order at the same time for yourself third party. The standard processing time is three (3) business days from the request and full payment received. The duplicate will mail by USPS First class mail.

Ashland Credential Evaluation Report follows authenticity procedures stated in our website and agency manuals.

**Conditions and Disclaimer**

1. **Refund policy:** The client has the right to cancel within three (3) working days for a full refund.
2. **The destination entity** has the final decision on the evaluation credentials report of the applicant. The client is accepting the terms of the Agency stated in the website. It oversees any prior arrangements.
3. **Fees:** Check payable to: Ashland Educational Services.
4. Bank deposit at Chase Bank branch or using a free online services called “Zelle” from Bank of America, JP Morgan Chase Bank or Wells Fargo Bank or Citibank. “Zelle Customer Id is: **Admin@AshlandEducationalServices.com**
5. Credential Evaluation course-by-course starts at: \$159.00 per degree. It takes 10 business days, but it will be extended due additional research based to any irregularities. Additional official duplicates have a cost of \$35 per set. Priority mail: \$35.00. The cost per concentration / specialization is \$99.00. For more details, please visit our website for the fees/costs. Translations are additional fee and it becomes part of your permanent Ashland’s record.
6. **Penalty:** In the event, of a NSF check or stop payment and/or cancel payment, a fee of \$25 plus a collection charge will be added to the account. **We have the right to report you to a collection agency or an attorney for collections.**
7. We reserve the right to request a course description of the attended **program study and contact your institution.**
8. **Authenticity:** a client needs to submit required documents from the college or university to be able to process the application. We have the right to verify the authenticity of your documents regardless if it will take longer than the average ten working days.
9. The client needs to abide to the **code of ethics stated** in our website.
10. The foreign credential are advisory documents and are not binding upon any agency, institution, licensing board organization, which may use them. Limited acceptance.
11. I, the client, release Ashland Educational Services (AES) from any and all liability whatsoever resulting from the use of a credential evaluations advisory report by me or third party.
12. We report any fraudulent documents to the Illinois State Board of Education and Boards of Nursing
13. The Ashland Credential Report is final, **It cannot be disputed.**
14. **Evaluators, CIO, Advisory Board members and/or A.E.S. staff** follow ICAE, NAFSA.org, AACRAO.org, and EIAL.org procedures and mandates. Visit our website for the latest information on policies, ethics code standards, authenticity procedures, and disclaimers.
15. **Due to the higher volume of work, please redirect any inquiry or status of your evaluation to:**  
**Chicago@AshlandEducationalServices.com**

Please read and sign below to indicate your agreement with the following authorization and waiver of liability:

I hereby grant Ashland Educational Services and any of its Agents permission to examine all records related to my academic study, including records on file at educational institutions, and I grant permission to Ashland to verify the authenticity of all such records for the purpose of determining the level of my academic attainment. I certify that the information contained in this application and all records submitted with this application are true and correct and are records related to my academic studies. I understand that if my records are altered or misrepresent the actual facts, no evaluation will be prepared, my documents will not be returned, and no refund will be made after the application has been submitted or payment had been received.

I, the client, agree to release and discharge Ashland Educational Services, and each of its officers, directors, employees, agents, and other individuals affiliated with Ashland Educational Services from all claims or law suits I have under state or federal law, arising from Ashland’s performance or non-performance related to the evaluation of my academic records

Client’s signature / Authorized online signature \_\_\_\_\_ Date: \_\_\_\_\_

For courier/ USPS Certified Mail please use:

Ashland Educational Services Mailing Address:

917 West Washington Blvd. Box 126. Chicago, Illinois, 60607. United States.