

File No. _____

Authorization for Return of Original Documents by Regular Mail

This is to confirm that I have authorized ICAS International Credential Assessment Service of Canada to return my original documents by regular mail service to the following address:

Street and No. _____

Apartment Number _____

City _____

Province/State _____

Country _____

Postal Code _____

I understand that ICAS assumes no responsibility for documents not safely delivered.

Signed _____

Name in Full _____
(Please print)

Date _____