amideast
أمديـسـت

Authentication Request Form

Rush Service   □ Yes   □ No
Due Date: _____
Total Cost: _____

Please clearly fill in the following information

- Date _____

- Full name (first, second and last) _____

- Contact Name: _____

  Two Phone numbers: phone (1) _____   phone (2) _____

  Email address: _____

  Available Diploma □ Yes   □ No

- **Type of Authentication**   نوع خدمة التصديق

  □ School Stage from (1-9)   □ School Stage from (10-12)   □ High School Diploma Equivalency

  □ College   □ University   □ Transfer

  □Other (please mention) _____

  1. Name of Institution: _____ _____
  2. State Name or City: _____ _____
  3. Specialty (For Universities only): □ Engineering   □ Medicine   □Other
  4. For **ACT** general scores, please make sure to send it to AMIDEAST code (1933), and send the **SAT** subject scores to AMIDEAST's code (5027).
  5. For **ACT** subject results please provide your account (Username and password)

ACT general and ACT subject tests	
ACT Subjects tests Username:	
ACT Subject tests Password:	
How Many ACT subject tests did you take?	
Did you send ACT General test to AMIDEAST code 1933?	□YES □ NO

SAT subject tests	
SAT subject test Username:	
SAT subject test Password:	
How Many SAT subject tests did you take?	
Did you send the scores to AMIDEAST code 5027?	□YES □ NO

Other subjects: AP and /or MOE
1- 2- 3- 4- 5-

I the undersigned declare that all the information mentioned above are true and I will not charge AMIDEAST/Jordan any responsibility for any delay that will happen due to incorrect information.

"How Did You Hear about AMIDEAST?" ---

Name: _____ Signature: _____

This Part to be completed by AMIDEAST

Name of Customer Service representative: --------------------------- **Signature**-----------------------

Notes by Customer Service Representative:

IF PAYMENT RECEIVED, RECEIPT MUST BE ATTACHED:
The Customer's signature upon receiving his/her documents ready: ---------------------------