



LSLS Service Request Form

I am requesting the following service:

Check (√)	Service Requested	Sections to be Completed	Fees
	Exam Deferral	1 and 2	\$50
	Duplicate LSLS Certificate	1	\$15
	Preliminary Review of Academic Background	1 and 3	\$40
Section 1: LSLS Information			
Last Name		First Name	
Address (Street, City, State, Zip Code)			
Email Address			
AG Bell Member ID (If applicable)			
I authorize the services checked above to be performed.			
Applicant Signature			Date
Section 2: Exam Deferral			
Date LSLS Application was Approved		LSLS Exam will be deferred one year from the application approval date.	
Section 3: Request for Preliminary Review of Academic Background			
Note: Please include documentation (transcripts a letter from the University Registrar) from all institutions attended and degrees earned including Bachelors, Masters and Doctoral degrees.			
Copy of Documentation Attached	Bachelor's Degree: US University Attended: Master's Degree: US University Attended: Doctoral Degree: US University Attended:		
PAYMENT INFORMATION			
Email completed form and required documentation to: academy@agbell.org	Payment Cardholder: Method: <input type="checkbox"/> Check(in US dollars) <input type="checkbox"/> Money Order (in US dollars) Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card #: _____ Expiration Date: _____ Security Code: _____ Amount to Charge: _____		
	_____ Print Name as it Appears on Card		