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## Request Form for Immigration Waiver Evaluation

Name/Number of Person Referring (if any): \_\_\_\_\_

Full Name of Individual Requesting Evaluation: \_\_\_\_\_

- Date of Birth: \_\_\_\_\_
- Primary Language: \_\_\_\_\_
- Country of Origin: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Immigration Status: \_\_\_\_\_
- Date of Arrival in the United States: \_\_\_\_\_

Reason for Evaluation Request (e.g., memory difficulties, mental health concerns):

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List any concerns that are affecting your ability to take the citizenship test?

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### Please bring the following information

1. Green Card
2. State ID Card
3. Any Medical Records

**COST FLAT RATE: \$700 – Payment is due at check-in before your appointment.**

You can email completed form to [info@veemahconsulting.com](mailto:info@veemahconsulting.com) or fax to 763-355-5718