

## Transcript Order Form

Please indicate which certification program you were enrolled in/completed: CGA  CMA

If you were a CPA candidate in the program delivered by CPA Western School of Business (CPAWSB), disregard this form and contact [cpaapplication@cpawsb.ca](mailto:cpaapplication@cpawsb.ca). If you were a CA student in the program delivered by CASB, disregard this form and contact [generalregistrations@casb.com](mailto:generalregistrations@casb.com).

Processing takes approximately two weeks. The transcript fee is \$30 plus GST for the first transcript and \$4 plus GST for each additional transcript per order. Official transcripts will not be released if you have an outstanding balance.

**Email completed form to [cpamb@cpamb.ca](mailto:cpamb@cpamb.ca).**

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Former Surname (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
Current Address: \_\_\_\_\_ If a former student, last academic year enrolled: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_  
City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Purpose of transcript request:  Application to CPA Preparatory/PEP  Other \_\_\_\_\_

Order Quantity: \_\_\_\_\_ Please indicate how you would like to receive your transcript(s):

Pick-Up at CPA Manitoba, 1675-One Lombard Place

*Note: no one may pick up your transcript without a letter of consent. Photo ID must be shown.*

Hardcopy mail to my home address, as above

Hardcopy mail to the following address: (Please print clearly)

Attention: \_\_\_\_\_

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

City & Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Your official transcript will be mailed to the address provided above. **Ensure the address is complete. (e.g. Institution name, postal code, etc.) If transcripts are to be mailed to a university, ensure that the office and/or intended recipient is named (e.g. Admissions Office, Graduate Studies, etc.).** Include any additional mailing instructions, such as deadline dates or special handling. Additional addresses and details may be listed on the reverse side.

Visa  
 MasterCard  
 AMEX  
TOTAL \_\_\_\_\_

\$30 + GST first transcript; \$4 + GST each additional transcript

In order to maintain security of your credit card information, we will contact you by phone for card details. Please indicate your preferred number to be contacted at:

Mobile  Business  Home

NOTE: Credit card information is destroyed after application fee payment is processed.

Card Holder Name \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Payment Taken \_\_\_\_\_ Order no. \_\_\_\_\_ Transcript(s) mailed and filed \_\_\_\_\_  
(Date & Initials) (Date & Initials)

The personal information collected on this form will be used to produce and mail the applicant's official transcript. The information will be protected by the provisions of the Personal Information Protection and Electronic Documents Act. Further information regarding CPA Manitoba privacy practices is available at [CPAmb.ca/about-us/privacy-policy](http://CPAmb.ca/about-us/privacy-policy).