

Transcript Order Form

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

*Please contact cpaapplication@cpaweb.ca if you were a CPA candidate in the program delivered by CPA Western School of Business (CPAWSB).

** Please contact generalregistrations@casb.com if you were a CA student in the program delivered by CASB. All other legacy CA members should complete this form.

Processing normally takes 1 – 2 weeks. However, please allow up to 4 weeks as certain records must be obtained from CPA Canada. Transcripts will not be prepared without payment. The transcript fee is \$30 plus GST for first transcript and \$4 plus GST for each additional transcript per order. Official transcripts will not be released if you have an outstanding balance. (Please print clearly). Email completed form to 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: _____

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

- Pick-Up at the CPA Manitoba, 1675-One Lombard Place
I understand that no one may pick up my transcript for me without a letter of consent. Photo ID must be shown for all pick-ups.
- 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 you 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 above, such as deadline dates or special handling. Additional

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX TOTAL _____ \$30 + GST first transcript; \$4 + GST each additional transcript	Credit Card Number _____ Expiry Date _____ NOTE: Credit card information is destroyed after application fee payment is processed.	Card Holder Name _____ Card Holder Signature _____
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Date: _____ Signature: _____

FOR OFFICE USE ONLY

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