

**CGA STUDENT SERVICES**

4 Donald Street South
 Winnipeg MB R3L 2T7
 Student Services Hotline: 1.877.452.4262
 Fax: 204.453.7176
 studentservices@cga-manitoba.org

Transcript Order Form

Please allow 2 business days for transcript processing (4 days during August). If you have not been a student with CGA since 2004, please allow 10-15 business days. Transcripts will not be prepared until the fee is paid. The transcript fee is **\$15 + GST** per transcript for current students and **\$20 + GST** per transcript for inactive students and members. **OFFICIAL TRANSCRIPTS WILL NOT BE RELEASED TO STUDENTS WITH OUTSTANDING BALANCES.**

Date _____ CGA ID Number _____

Name _____ Former Surname (if applicable) _____

Current Address _____ Postal Code _____

Home Phone _____ Business Phone _____

Email Address _____ Last academic year enrolled _____

CGA Student Services will mail your transcript to the addresses shown below. **Ensure the addresses are 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.)** Any additional mailing instructions, such as deadline dates or special handling must be included with each entry below. Additional addresses may be listed on the reverse side.

Please mail my transcript to the following addresses:

Quantity	Address Information (Print clearly)
_____	_____
_____	_____
_____	_____ Postal Code _____

Please indicate how you would like to receive your transcripts

- Hardcopy Mail
- Pick-Up at CGA Student Services office (Manitoba only)

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.

Date: _____ Student's Signature _____

<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card (MB office only) <input type="checkbox"/> Cheque (To CGA Manitoba) TOTAL (\$15 or \$20 + GST)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX \$ _____	Credit Card Number _____ <hr/> Card Holder Name _____	Expiry Date _____ <hr/> Card Holder Signature _____
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FOR OFFICE USE ONLY

Payment Taken _____ Order no. _____ Transcripts 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 and in accordance with CGA Privacy Policy. Further information regarding privacy practices, including provincial Privacy Policy, is available on the CGA Manitoba website at www.cga-manitoba.org or the CGA Saskatchewan website at www.cga-saskatchewan.org.