



## CPA Exam Score Transfer Form

### NAME/CONTACT INFORMATION

First name:	Middle name:	Last name:
Street address:	City/State:	ZIP code:
Phone:	Email address:	Fax number:
Province:	Country:	

### AUTHORIZATION

By completing this form I authorize the Virginia Board of Accountancy provide my CPA exam scores to the \_\_\_\_\_ Board of Accountancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide the address where you'd like the scores sent:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

Please mail this form with a check for \$25 made payable to the Treasurer of Virginia to the Virginia Board of Accountancy, 9960 Mayland Drive, Suite 402, Henrico, VA 23233. Payments returned by the bank for insufficient funds are subject to a returned payment fee, pursuant to § 2.2-4805, Code of Virginia.