

CPA Exam Score Transfer Form

Please mail this form with a check for \$25 made payable to the Treasurer of Virginia to the Virginia Board of Accountancy at 9960 Mayland Drive, Suite 402, Henrico, VA 23233. Payments returned by the bank for insufficient funds are subject to a \$50 returned payment fee.

NAME/CONTACT INFORMATION

First name: _____

Middle name: _____

Last name: _____

Street address: _____

City/State/ZIP: _____

Phone number: _____

Email address: _____

Province: _____

Country: _____

AUTHORIZATION

By completing this form, I authorize the VBOA provide my CPA exam scores to the _____
Board of Accountancy.

Please provide the address below where you would like the scores sent.

Street address: _____

City/State/ZIP: _____

Signature: _____ Date: _____