



Document Transfer Request Form

Please complete and submit this form, along with payment, directly to the College of Registered Nurses of Manitoba. We will produce a true copy of your registration application documents from our archives (if available) to forward to another regulatory organization. Please include the name and address of the regulatory organization to send the documents to.

Part A: Requested

Last Name	First Name	Date of Birth (yy/mm/dd)
Address		City/Town
Province/State	Country	Postal/Zip Code
Home Phone No.	Work Phone No.	Email
Document(s) Requested		Registration No. (if applicable)

I hereby give consent for release of information as requested by the College of Registered Nurses of Manitoba.

Signature	Date
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Part B: Send to:

Receiving Institution/Organization Name		
Address		
City/Town	Province/State	Country
Postal/Zip Code	Email	

Please note: All information below this line related to payment of fees will be removed and destroyed once the payment has been successfully processed.

Payment:

A non-refundable processing fee of \$36.75 (\$35 plus \$1.75 GST) MUST be enclosed with this application. Fees are subject to change without notice. Your completed application should be sent once only by fax or by mail to prevent duplicate payments or charges to your credit card.

I am paying by:

- Certified Cheque
- Money Order
- Interac (in person only)
- Visa Debit (in person)
- Credit Card (below)

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number: _____	Expiry: _____ / _____
Name of card holder: _____	
Authorizing signature: _____	
Item Code: TRANSCRIPT - GLACCOUNT 38500-10	