

**ILLINOIS
BOARD OF
ADMISSIONS
TO THE BAR**



MBE SCORE TRANSFER FORM

NAME WHEN TESTED (LAST, FIRST, MIDDLE): _____

CURRENT NAME (LAST, FIRST, MIDDLE): _____

EMAIL ADDRESS: _____ **PHONE:** _____

DATE OF BIRTH (MM/DD/YYYY): _____ **NCBE NUMBER:** _____

EXAM DATE WHEN YOU TOOK OR WILL TAKE THE MBE (e.g., Feb 20xx or July 20xx): _____

I hereby request and authorize the Illinois Board of Admissions to the Bar (IBAB) to TRANSFER my MBE score upon payment of a fee of \$25 per jurisdiction to the following jurisdiction(s). It is your responsibility to check with the jurisdiction to verify that they accept MBE score transfers and that the time period for transferring your MBE score has not expired. IBAB recommends that you do this BEFORE you submit this form to IBAB .

Jurisdiction: _____ \$ _____

Jurisdiction: _____ \$ _____

Jurisdiction: _____ \$ _____

Total: \$ _____

Your score will be sent to the jurisdiction(s) listed above via US mail within 5 business days of receipt of this form and proper fee.

Enclosed please find my certified check, cashier's check or money order in the amount of \$ _____, made payable to IBAB. I understand and agree that cash and personal checks will not be accepted. I understand and agree that this payment is nonrefundable. I understand and agree that I will not receive a copy of my MBE score and that the jurisdiction(s) receiving my score will not release it to me.

Signature: _____ Date: _____

Mail completed form and payment to:
IBAB Score Transfer
625 South College Street
Springfield, IL 62704-2521