

**ILLINOIS
BOARD OF
ADMISSIONS
TO THE BAR**



PROOF OF PASSING REQUEST FORM

Complete this form if you are requesting a proof of passing letter. The proof of passing letter will include the date you took the exam and the result, it will not include your exam score.

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

CURRENT NAME (LAST, FIRST, MIDDLE): _____

EMAIL ADDRESS: _____ **PHONE:** _____

DATE OF BIRTH (MM/DD/YYYY): _____

DATE OF ILLINOIS BAR EXAM (e.g., Feb 19xx or July 19xx): _____

I hereby request and authorize the Illinois Board of Admissions to the Bar to send proof of passing the Illinois bar exam to the following jurisdiction. If the jurisdiction will accept the letter via email, please provide the email address.

Jurisdiction: _____ **\$25**

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

I hereby request that the Illinois Board of Admissions to the Bar send proof of passing the Illinois bar exam to me at the address listed below upon my payment of \$25.

Company Name (if applicable): _____

Street Address: _____ **\$25**

City: _____ **State:** _____ **Zip:** _____

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*.**

Signature: _____ **Date:** _____

Mail completed form and payment to:

Proof of Passing Request, 625 South College Street, Springfield, IL 62704-2521

This letter will be sent within 5 to 7 business days of receipt of this form and proper fee.