

**ILLINOIS
BOARD OF
ADMISSIONS
TO THE BAR**



MBE SCORE TRANSFER OR ADVISORY 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 to TRANSFER my MBE score upon payment of a fee of \$25 per jurisdiction to the following jurisdiction(s):

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.

I hereby request that the Illinois Board of Admissions to the Bar ADVISE me whether or not my MBE scores are sufficient for admission without examination in DC, MN and/or ND upon my payment of \$25 for each jurisdiction:

District of Columbia _____ \$ _____

Minnesota _____ \$ _____

North Dakota _____ \$ _____

Total: \$ _____

Illinois will advise you via email of whether or not your MBE scores meet or exceed the minimum score requirements of DC, MN, ND, or all three, depending on your choice(s).

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