REQUEST TO TRANSFER MBE SCORE
CONCURRENT ADMINISTRATION ONLY

- **Do not complete this form if you are not pursuing concurrent admission in another jurisdiction.** The jurisdiction where you test will automatically receive your score. **Do not use this form if you are requesting a score transfer from a previously taken MBE.**
- **PART A: Please type or print clearly all information requested.** If you fail to provide this information, your request will be returned.
- **PART B:** Indicate your upcoming test month and year. Check the box of the jurisdiction where you will sit for the **next Multistate Bar Examination (MBE).** If the jurisdiction is not listed in Part B, you may not use this form or alter it in any way; instead see the MBE Score Transfer information found at www.ncbex.org for other MBE score reporting services.
- **PART C:** Check the box of the jurisdiction in which you are pursuing concurrent admission. If the jurisdiction is not listed in Part C, you may not use this form or alter it in any way; instead see the MBE Score Transfer information found at www.ncbex.org for other MBE score reporting services.
- For each score transfer request, **remit $25.00 by check or money order made payable to NCBE**. Do not staple the payment to the form. This fee is non-refundable and non-transferable.
- **Forms received after the test date of each administration, will not be processed with other concurrent score reports**. Your score will be transferred individually at a later date. There will be no exceptions to this policy.
- **Retain a photocopy of this form for your records**. If you would like confirmation of receipt of your request include a self-addressed stamped envelope/postcard or send by certified mail.
- Mail this form with payment to: **MBE Score Transfer-Concurrent**
  National Conference of Bar Examiners
  402 West Wilson Street
  Madison, WI 53703-3614

Part A

Name: _____
Last First Middle

Street Address: _____

_____
City State Zip

Social Security Number (mandatory): * _____ - _____ - _____

Date of Birth: _____/ _____/_____
MM DD YY

Daytime Telephone: (_____) _____

Email address: _____

*It is essential that you furnish your Social Security Number and that the number you furnish matches the number that you will enter on your MBE answer sheet at the time you take the test. Without this identifier and an acceptable match, your score will not be transferred.

Part B

Where will you sit for the MBE on Wednesday, 22 February, 2006?

☐ Connecticut (07) ☐ Maryland (21) ☐ New Hampshire (30) ☐ New Jersey (31) ☐ New York (33)

Part C

To what **other** state do you wish to send your MBE score? (Check only one)

☐ Connecticut (07) ☐ Maine (20) ☐ Maryland (21) ☐ Massachusetts (22)
☐ New Hampshire (30 ☐ New Jersey (31) ☐ New York (33)

Signature: _____ **Date:** _____