Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
P.O. BOX 2748
MADISON, WI 53701-2748
TELEPHONE: (608) 266-9760

MULTISTATE BAR EXAMINATION REQUEST & RELEASE FORM

TO THE APPLICANT: Do not send this form to Wisconsin. You must determine the correct agency to which this MBE transfer request should be directed. Complete the top section of this form and mail it to that agency with any applicable fee. Several jurisdictions have authorized the National Conference of Bar Examiners (NCBE) to transfer MBE scores to other jurisdictions. It is your responsibility to make the agency aware of the deadline.

NOTE: In order to accept a transferred MBE score, you must arrange to have verification of your bar exam passage sent directly to the Board. Refer to the Information and Filing Instructions for additional information on this requirement. Your score and verification of bar exam passage must be received at the Board office by the following deadlines: January 9, 2017 for the February examination and June 9, 2017 for the July examination. Once your MBE score notice and verification of bar exam passage have been received in the Board office, you will be notified in writing by the Wisconsin Board as to whether or not your MBE score was accepted in transfer. NCBE will not send verification of bar exam passage to the Wisconsin Board of Bar Examiners. You must arrange to have verification of bar exam passage sent directly to the Board.

YOUR NAME AS IT APPEARS ON YOUR WISCONSIN APPLICATION (first, middle, last):

THE NAME UNDER WHICH YOU TOOK THE MBE (first, middle, last):

DATE OF BIRTH (mm/dd/yyyy): SOCIAL SECURITY NUMBER:

NCBE NUMBER:

I hereby authorize the (jurisdiction) Board of Bar Examiners and/or the National Conference of Bar Examiners to release to the Wisconsin Board of Bar Examiners my Multistate Bar Examination raw and scaled scores and verification of the outcome of my bar examination sitting administered on (date)

Applicant's signature Date Examination #

CERTIFICATION OF MULTISTATE BAR EXAMINATION SCORE

TO CERTIFYING OFFICIAL: Please complete and mail this certification directly to the Wisconsin Board of Bar Examiners at the address listed above.

(1) The above-named applicant attained a raw score of (optional) _____ and a scaled score of _____ on the Multistate Bar Examination administered in (jurisdiction) _____ on (date) _____.

(2) Was the MBE administered as part of a bar examination in your jurisdiction? ____ Yes ____ No

(3) Was the applicant successful on the total examination at which this MBE was taken? ____ Yes ____ No

Print name of certifying official: _____ Title: _____

Signature: _____ Date: _____