

Supreme Court of Misconsin

BOARD OF BAR EXAMINERS 110 EAST MAIN STREET, SUITE 310 P.O. BOX 2748 MADISON, WI 53701-2748 TELEPHONE: (608) 266-9760

MULTISTATE BAR EXAMINATION REQUEST & RELEASE FORM

Applicants wishing to transfer their multistate bar examination (MBE) score results to Wisconsin may either complete the top section of this form and send it to the correct authorizing agency **OR** use the MBE Score Transfer Service provided by the National Conference of Bar Examiners (NCBE). Check with the jurisdiction in which you passed the bar exam to determine which method to use. If this form is required, the authorizing agency should return the completed form directly to the Wisconsin BBE. MBE score transfers will only be accepted if they were part of a successful passing score. Please refer to the Information and Filing Instructions for additional details about how to submit this information, including the deadline dates for the submission of MBE scores.

YOUR NAME AS IT APPEARS ON YOUR WISCONSIN APP	LICATION (first, mid	ddle, last):			
THE NAME UNDER WHICH YOU TOOK THE MBE (first, mid	ldle, last):				
DATE OF BIRTH (mm/dd/yyyy): SOCIAL SECURIT			k:		
NCBE NUMBER:					
I hereby authorize the (jurisdiction) Conference of Bar Examiners to release to the Wisconsin Boa and scaled scores and verification of the outcome of my bar e (date)	ard of Bar Examiner		e Bar Examir		
Applicant's signature	Date	Examination #			
CERTIFICATION OF MULTISTAT	E BAR EXAMINAT	ION SCORE			
TO CERTIFYING OFFICIAL: Please complete and mail this c Examiners at the address listed above or email it to benjamin.			in Board of I	3ar	
(1) The above-named applicant attained a raw score of (option the Multistate Bar Examination administered in (jurisdiction) _	nal)a	and a scaled s on (date)	core of	on	
(2) Was the MBE administered as part of a bar examination in	n your jurisdiction?	Yes	No		
(3) Was the applicant successful on the total examination at v	which this MBE was	taken?			
Print name of certifying official:		Title:			
Email address:	Phone:		· · · · · · · · · · · · · · · · · · ·		
Signatura		Date:			