

**Commonwealth of Massachusetts
Board of Bar Examiners**

MBE SCORE TRANSFER AND SCORE ADVISORY REQUEST FORM
(For applicants who sat for the Multistate Bar Examination (MBE) in Massachusetts)

Effective July 1, 2003 the Massachusetts Board of Bar Examiners offers two score report services after the examination results have been released: (1) transfer an applicant's raw and scaled MBE scores from Massachusetts directly to another jurisdiction, or (2) inform an applicant whether, the MBE score previously earned in Massachusetts meets the requirements for admission in another jurisdiction. Massachusetts will not release a precise MBE score achieved in Massachusetts to an applicant. **FOR SPECIFIC REQUIREMENTS AND LIMITATIONS OF OTHER JURISDICTIONS, YOU MUST CONTACT THE JURISDICTION DIRECTLY.** There is a \$30.00 charge for each score transfer transaction and a \$30.00 charge for each score advisory. Payment must be included with your request in the form of a **cashier's check or money order made payable to the Commonwealth of Massachusetts.**

FOR ALL REQUESTS (If information is incomplete, we may not be able to report your score.)

NAME (Please Print): _____

Current Address: _____

Telephone Number: (____) _____ Date of Birth (required): _____

Social Security Number: _____
(Optional but useful for identification purposes)

Exam Administered: (month/year) _____ in Massachusetts.

Your Name When Tested If Different from Above: _____

INDICATE TRANSACTION(S) REQUESTED BY CHECKING THE APPROPRIATE BOX:

(1) Request for Score Transfer – *Fee \$30 per jurisdiction*

Transfer my score to: _____
(Name and Address of Jurisdiction)

(2) Request for Score Advisory* - *Fee \$30 per jurisdiction*

*NOTE: A subsequent request to transfer the score to another jurisdiction will result in another fee.

Please notify me that my MBE scaled score meets the requirement for _____.
(Name of Jurisdiction)

The minimum requirement for this jurisdiction is _____.
(Scaled Score required for above named jurisdiction)

Signature (Required): _____ **DATE:** _____

I am including payment in the amount of \$ _____ (Cashier's check or money order only)

Mail your request and cashier's check or money order (payable to the Commonwealth of Massachusetts) to:

**Massachusetts Board of Bar Examiners
Suffolk County Courthouse, 3 Pemberton Square, 7th Floor- Room 707
Boston, MA 02108**