

**Option 3
Verification of Bar Exam Passage Form**

Required to be completed by the Applicant and the Bar Exam Verifying Jurisdiction

===== TO BE COMPLETED BY APPLICANT =====

My Bar Exam Jurisdiction is _____.

I, _____, _____ (SSN last 4), am a licensed attorney applying for the
____ February ____ July _____ (year) Virginia Bar Exam. I understand that this form must be completed by the
jurisdiction where I took and passed the bar exam or the UBE jurisdiction where my score was accepted as passing.

Signature of Applicant

Bar ID#

===== SECTION BELOW MUST BE COMPLETED BY JURISDICTION =====

I verify that _____ achieved or transferred a passing score and qualified for licensure
on the ____ February ____ July _____ (year) bar exam in _____ (jurisdiction).

Name of Jurisdiction Official

Signature of Jurisdiction Official*

Title of Jurisdiction Official

***Please note:** The signature of the Jurisdiction Official
must be original, no stamped signatures accepted.

===== RETURN ORIGINAL COMPLETED FORM TO (Applicant Check One) =====

Jane Olsen Smith
PO Box 123
Richmond, SC 23226

Virginia Board of Bar Examiners
2201 W. Broad Street
Suite 101
Richmond, VA 23220