

MBE SCORE ADVISORY/TRANSFER REQUEST FORM

Score Advisory: Will advise an applicant whether, based on information from such other jurisdiction, the MBE score earned in Virginia meets the requirements for admission in such other jurisdiction. VBBE will not release a precise MBE score achieved in Virginia to an applicant. There is a \$30.00 charge for each Score Advisory.

Score Transfer: Will transfer an applicant's scaled MBE score from Virginia to another jurisdiction. VBBE has no information concerning which states accept MBE scores obtained by taking Virginia's exam. For specific jurisdiction requirements, YOU MUST CONTACT the jurisdiction directly. There is a \$50.00 charge for each Score Transfer.

•• NO Personal or Firm/Company Checks ••
 ONLY Certified Checks, Cashier's Check or Money Orders

**All information below must be accurate and complete in order to process your request.
 Incorrect/Incomplete forms will **NOT** be processed and will **NOT** be returned.**

****All information contained in this box is required****

NCBE Number	SSN (Last 4)	Date of Birth: (mm/dd/yy)
Name: First	Middle	Last
Name when tested, if different from above: _____		
Street Address	Apartment No.	
City	State	ZIP
Daytime Telephone Number (with area code)	Email Address	
Exam Month/Year for Score Advisory/Transfer:	Exam Month	Exam Year

Request for Score Advisory: (NOTE: A subsequent request to transfer the score to a jurisdiction will result in another fee.) You will receive by email a Yes/No response advising you whether your MBE score achieved in Virginia meets the MBE Score required in the requested jurisdiction. No MBE scores are provided to the applicant.

Jurisdiction(s)	MBE Score Required by Jurisdiction
(\$30) _____	_____
(\$60) _____	_____
(\$90) _____	_____

Request for Score Transfer: Upon transfer of your score to the requested jurisdiction, you will be notified by email that your Score Transfer has been sent. **DC no longer accepts MBE score transfers.**

Transfer my score to: (\$50) _____; (\$100) _____; (\$150) _____
Name of jurisdiction(s)

****By signing below, I certify that I have completed all required information requested above and enclose the correct form of payment (Certified Check, Cashier's Check or Money Order ONLY) made payable to the Virginia Board of Bar Examiners or VBBE.**

 Signature _____
 Date

MAIL YOUR REQUEST TO:
 Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, Virginia, 23220.