

## **MISSOURI BOARD OF LAW EXAMINERS MBE SCORE TRANSFER INFORMATION**

The Missouri Board of Law Examiners (MBLE) will transfer an MBE score which is less than seven years old to another jurisdiction. The score will not be transferred if your examination scores were voided.

All requests for transfer of an MBE score obtained in Missouri must be made by submitting a completed Request Form by mail, fax or email. The transfer fee is \$50. The fee may be paid by cashier's check or money order payable to Clerk of the Supreme Court. Credit card payments can be made by calling the MBLE office at (573) 751-9814. Payment is nonrefundable.

MAIL: MO Board of Law Examiners  
MBE Transfer  
1700 Jefferson Street  
Jefferson City, MO 65109

FAX: 573-751-5335

EMAIL: [mble@courts.mo.gov](mailto:mble@courts.mo.gov)

The information that will be provided in the official transfer of the MBE score includes the scaled score, the month and year the score was obtained in Missouri, and verification that you passed the entire bar examination in Missouri in the exam administration in which the transferred MBE score was earned. It will not include the date you were admitted to the bar in Missouri. If the receiving jurisdiction requires an admission date or verification of your good standing, you will need to obtain a Certificate of Good Standing from the Clerk of the Missouri Supreme Court. Go to [www.mble.org](http://www.mble.org) and choose the link "Miscellaneous" for more details.

Please note these instructions do not pertain to the transfer of a total Uniform Bar Examination (UBE) score. UBE total scores will be transferred by the NCBE to other UBE jurisdictions.

**Supreme Court of Missouri**  
**MISSOURI BOARD OF LAW EXAMINERS**  
1700 JEFFERSON STREET  
JEFFERSON CITY, MO 65109  
PHONE 573-7 51-98 14/FAX 573-751-5335  
[www.mble.org](http://www.mble.org)

**MBE SCORE TRANSFER REQUEST FORM**

Type or clearly print your full name.

Name: (first, middle, last) \_\_\_\_\_

Name when tested, if different from above: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date of birth: (mm/dd/yyyy) \_\_\_\_\_

Last 4 digits of SSN (mandatory): \_\_\_\_\_

*Score reporting service only available for scores less than seven years old.*

Missouri Exam Taken:      February (yyyy) \_\_\_\_\_ July (yyyy) \_\_\_\_\_

Name and address of the jurisdiction to receive the score:

***\$50 fee is nonrefundable.***

Submit request form by mail, fax, or e-mail