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**PRIOR APPLICATION INFORMATION REQUEST FORM
(APPLICATIONS AVAILABLE FOR 10 YEARS FROM EXAM DATE)**

To have your prior application information provided to you or another party, please fill in the information below and mail to Maine Board of Bar Examiners, 135 Maine Street, Ste A Box 305, Brunswick, ME 04011. Please include a check or money order for \$25.00 made payable to Maine Board of Bar Examiners.

APPLICANT INFORMATION

Name (Please Print): _____

Current Address: _____

Telephone Number: _____ Date of Birth (Required): _____

Your Name When Application Submitted: _____

INDICATE INFORMATION REQUESTED BY COMPLETING INFORMATION BELOW:

1) EXAM INFORMATION:

Date Application Received: _____

Date Exam Administered in Maine: _____ (month/year)

2) ADMISSION BY MOTION/UBE SCORE TRANSFER INFORMATION:

Date Application Received: _____

Date Application Certified for Admission: _____

3) COPY OF PRIOR APPLICATION(S)(CHECK APPROPRIATE BOX):

Email Address Where Prior Application(s) Should Be Sent: _____

Request Copy of Exam Application

• Date(s) of Exam: _____

Request Copy of Admission by Motion Application

• Year of Application: _____

Request Copy of UBE Score Transfer Application

- Year of Application: _____

<input type="checkbox"/> Request Copy of Exam Application Date(s) of Exam: _____	<input type="checkbox"/> Request Copy of Admission by Motion Application Year of Application: _____	<input type="checkbox"/> Request Copy of UBE Score Transfer Application Year of Application: _____
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