



1303A West Campus Drive
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Click HERE to submit *Driving Record Affidavit

DRIVING RECORD AFFIDAVIT

This form is to be used only by individuals that do not have a Michigan Driver's License

Supervisor, Requesting Department, Name (as it appears on Driver's License), Type, Driver's License Number, State of Issue, Michigan Address, Non-Michigan Address, Birth Date, E-Mail Address

I hereby swear that the following list constitutes my driving record of accidents, tickets, fines, warnings, citations, or other similar occurrences within the past 4 years. (If you have had no violations or citations within the past 4 years, please state "NONE".) It is my understanding that Central Michigan University may submit request(s) for copies of my driving record from the State of Issue.

Table with 3 columns: DATE, VIOLATION OCCURRENCE, VIOLATION POINTS

Date, Employee / Student/Volunteer Signature, Witness (CMU Employee) Signature

*Please save a copy of this affidavit to upload into the driving record submission form.

If you require more information, please contact the Risk Management Office direct at 989-774-3741 or risk@cmich.edu