



1303A WEST CAMPUS DRIVE, MT. PLEASANT, MI 48859

MICHIGAN DRIVER RECORD REQUEST

Fill out the information below. Upload the Michigan Driver Record Request in No. 6 of the [Driving Record Submission Form](#).

DO NOT EMAIL THIS FORM

PLEASE NOTE: Individuals with an out of state license must fill out a Driving Record Affidavit Form

Requestor Name:	Department:	Phone:	Request Date:
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POTENTIAL DRIVERS PENDING APPROVAL FROM RISK MANAGEMENT

					Place an X under the appropriate column		
Last Name	First Name	Middle Name	MI License Number – separate every 3 digits with a space	Birth Date	Faculty / Staff	Graduate Assistant	Student / Volunteers