

**CENTRAL MICHIGAN UNIVERSITY
RISK MANAGEMENT & INSURANCE**

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DRIVING RECORD AFFIDAVIT

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

Central Michigan University Supervisor

Central Michigan University Requesting
Department

Name (as it appears on Driver's License)

Employee Grad Asst. Student

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 5 years. (If you have had no violations or citations within the past 5 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.

DATE	VIOLATION OCCURRENCE	VIOLATION POINTS

Dated:

Employee Signature

Witness (CMU Employee)