

CENTRAL MICHIGAN UNIVERSITY
RISK MANAGEMENT
1303A West Campus Drive
Phone: 989-774-3741
Fax: 989-774-1303

Click [HERE](#) to submit Driving Record Affidavit

Web Site: <http://www.cmich.edu/rm>

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)	_____ Faculty/Staff <input type="checkbox"/> Grad Asst. <input type="checkbox"/> Student/Volunteer <input type="checkbox"/>
_____ 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.

DATE	VIOLATION OCCURRENCE	VIOLATION POINTS

Dated:

Employee / Student/Volunteer Signature

Witness (CMU Employee)