

MICHIGAN DRIVER RECORD REQUEST – SEND TO RISK MANAGEMENT							
Click HERE to Submit Michigan Driver Record Request							
PLEASE NOTE: Individuals with an out of state license must fill out a Driving Record Affidavit form (click here for form)							
Requestor Name:		Department:		Phone:		Request Date:	
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
To insert additional rows, please right click your mouse, choose Insert, then Insert Rows Below							

