

**MICHIGAN STATE**  
UNIVERSITY

**MICHIGAN DRIVER RECORD REQUEST**

Office of Risk Management & Insurance  
408 W. Circle Drive, Rm 113 Olds Hall  
East Lansing, MI 48824  
Phone (517) 355-5022  
Fax (517) 432-3854  
E-mail: riskmgmt@msu.edu

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All drivers must have a valid unrestricted U.S. driver's license, with proper class and endorsements listed for the vehicle(s) to be operated and must have a satisfactory driving record. The responsibility for enforcing these requirements rests with the Department Chairperson, or equivalent. Departments can obtain driving records by completing this form and forwarding it to the Office of Risk Management & Insurance. There is no charge for Michigan driving records.

**COLLEGE/DEPARTMENT: complete form and forward to the Office of Risk Management & Insurance. Use one form per driver or attach a list of names, driver's license numbers and dates of birth.**

DRIVER NAME: \_\_\_\_\_

MICHIGAN DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DESCRIBE DRIVING ACTIVITY ON BEHALF OF MSU: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE MICHIGAN STATE UNIVERSITY TO VERIFY MY DRIVING RECORD WITH ANY APPROPRIATE AUTHORITY, EITHER NOW OR IN THE FUTURE, AND I AUTHORIZE ANY GOVERNMENT MOTOR VEHICLE DEPARTMENT TO RELEASE MY RECORDS AT THE REQUEST OF MSU OR ITS DESIGNEE.

DRIVER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE INDICATE DEPARTMENTAL CONTACT PERSON WITH WHOM RESULTS SHOULD BE REVIEWED:

NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

AUTHORIZED ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_