

MICHIGAN BAR APPLICANT REQUEST FOR CERTIFIED DRIVING RECORD

Re: _____
APPLICANT'S NAME

LICENSING AGENCY

STREET ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:

As an applicant for attorney licensing in the state of Michigan I am required to obtain a certified driving record from states in which I have lived, worked or attended school. I am:

NAME: LAST, FIRST, MIDDLE

ALIAS(ES), IF ANY

ADDRESS: STREET & NUMBER

CITY, STATE & ZIP CODE

DATE OF BIRTH: MO/DA/YR

GENDER

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

I request that the above information be reviewed by your agency and that you forward a certified copy of my driving record. If no information appears under my personal information listed above, please send me a letter stating you have no record of me.

Please send the certified record of my driving history to me at the address given above, unless your procedures require you to send it to the licensing body which is:

*State Bar of Michigan
Attention: Character & Fitness
Michael Franck Building
306 Townsend Street
Lansing, MI 48933-2083*

I understand your fee for providing this information is _____ and my remittance in that amount is enclosed. (Strike this sentence if it is inapplicable.)

I hereby waive any and all rights I may have against you, your agency or any of your officers or employees by reason of your furnishing information pursuant to this request.

Sincerely,

DATE

SIGNATURE OF APPLICANT

To be sent by applicant to state licensing agency.