

**Driving Record Check**  
**Huron High School Athletic Department**  
**TEAM: \_\_\_\_\_**

**DRIVING INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Number Street City State Zip Code

(As shown on drivers license)

**LICENSE NUMBER:** \_\_\_\_\_ **STATE WHERE ISSUED:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**TYPE:** Operator Restrictions:  
Chauffer  
Cycle  
Restricted  
Financial Responsibility

List the tickets you have received for traffic violations in the last ten (10) years:

DATE	PLACE	OFFENSE

List the accidents you have been involved in (regardless of fault) in the past ten (10) years; give full particulars including date of occurrence, place of occurrence, in juries sustained, etc.


Are you subject to "high risk" auto insurance? \_\_\_\_\_

I hereby give authorization to the State of Michigan, or any political subdivision thereof, to release any and all information concerning my driving and/or criminal arrest/conviction record.

\_\_\_\_\_  
DATE SIGNATURE

**PLEASE ATTACH A PHOTOCOPY OF YOUR LICENSE**  
**DROP OFF AT THE HURON ATHLETIC OFFICE OR FAX TO 734-994-2069**