Sport Clubs Program

Driving Record Check Request Form

Proposed Driver Information	
Club Name	
First Name	Last Name
Date of Birth	**State** license was issued in (i.e. MN, WI)
License Number	
I give permission to the University of Minnesota Department of Parking and Transportation Fleet Services Division to check my driving record.	
Sign	Date

Have you completed 15-passenger van training?	☐ Yes	☐ No
If yes, when? (Month and Year)		

Office Use Only ——————————Fax Information	
To: Fleet Services Fax: 4.5587 Phone: 5.3033	Fr: Sport Clubs Program Fax: 5.7971 Phone: 5.6017 Email: sportclb@umn.edu
Driving Record Criteria: • Clear Record for 1 year • No more than 1 speeding ticket on record • No alcohol or drug related offenses • No consistent pattern of accidents • 19 years of age or older	
EFS #: 1026 10140 213	
Date Faxed to Fleet	Date Returned from Fleet

Approved:_____ Not Approved:_____