## 

## MICHIGAN DEPARTMENT OF CORRECTIONS LEIN REQUEST

CAJ-1037 REV. 09/19

	e the information requested below. This n Law Enforcement Information Network		vill be used to complete	a criminal history check	
	License Number or State Identifications LEIN request.	on Card Num	iber, date-of-birth, rac	e and sex is needed to	
Employment/H	luman Resources 🗌 HR Per				
	HR Per	sonnel / Requ	uesting		
Contractor		Visitor			
	Contractor Agency		Agency Representing		
Volunteer		Other			
	Agency Representing		Agency Representing		
Are you entering	g the secure perimeter/property of a Michiga	n Department	of Corrections (MDOC) fa	cility? Yes No	
<u>Please print i</u>	nformation below:				
Last Name: First Name:			Middle Name:		
Address:					
City:	State:		Zip Code:		
Date of Birth:	Sex:		Race:		
Please provid	le the number of one of the following	types of ide	ntification:		
Driver's License #:			State issued by:		
State ID #:			State issued by:		
	e MDOC to conduct a criminal history operty of an MDOC facility to perform				
For MDOC HF	R/Employment purposes only: I furthen nse record for the purposes of detern pepartment business.	er authorize t	the Department to che	ck my motor vehicle	
Signature:			Date:		
LEIN Complet	ed By: Name:		Date:		
LEIN Cleared	d: Yes No (Does not app	ly to Human	Resources)		
MDOC Emplo	oyment/HR purposes: Indicate the #	of conviction	IS:		
Comment (O	ptional):				