

## MICHIGAN DEPARTMENT OF CORRECTIONS LEIN REQUEST

CAJ-1037 REV. 06/24

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

	e a copy of your Driver's Licer o complete this LEIN request.			ation Card. Da			
Employment/Hu	ıman Resources 🗌						
	ŀ	HR Personnel / F	Reque	esting			
Contractor		Visitor					
	Contractor Agency			Agency Repres	enting		
Volunteer 🗌		Other					
	Agency Representing			Agency Repres	enting		
Are you enterin (MDOC) Correc	g the secure perimeter/property ctional Facility?	of a Michigan D	-			☐ Yes ☐ No	
Please print in	formation below:						
Last Name: _	me: First Name:			Middle Name:			
Address: _				_			
City: _		State:		_ Zip Code:		-	
Date of Birth: _		Sex:		Race:		<del>.</del>	
Please provide	one of the following types of	identification i	inforr	mation:			
Driver's License	e #:		5	State issued by	:		
State ID #:			5	State issued by	:		
I authorize the MDOC to conduct a criminal history check, so that I may be approved to access MDOC secure data and/or enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.							
operator licens	Employment purposes only: se record for the purposes of partment business.						
Signature:				Date:			
LEIN Complete	d By: Name:			Date:			
LEIN Cleared:	Yes No No	HR	/Emp	loyment 🗌	Non-HR		
MDOC Emplo	yment/HR purposes: Indicate	the # of convic	ctions	S:			
Comment (Op							

<sup>\*</sup>Gray box for MDOC internal use only