



MICHIGAN DEPARTMENT OF CORRECTIONS  
**LEIN REQUEST**

CAJ-1037  
REV. 09/19

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).

**Your Driver's License Number or State Identification Card Number, date-of-birth, race and sex is needed to complete this LEIN request.**

Employment/Human Resources ☐ \_\_\_\_\_  
HR Personnel / Requesting

Contractor ☐ \_\_\_\_\_ Visitor ☐ \_\_\_\_\_  
Contractor Agency Agency Representing

Volunteer ☐ \_\_\_\_\_ Other ☐ \_\_\_\_\_  
Agency Representing Agency Representing

Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? ☐ Yes ☐ No

**Please print information below:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Please provide the number of one of the following types of identification:**

Driver's License #: \_\_\_\_\_ State issued by: \_\_\_\_\_

State ID #: \_\_\_\_\_ State issued by: \_\_\_\_\_

**I authorize the MDOC to conduct a criminal history check, so that I may be approved to enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.**

**For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Completed By: Name: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Cleared: Yes ☐ No ☐ (Does not apply to Human Resources)

MDOC Employment/HR purposes: Indicate the # of convictions: \_\_\_\_\_

Comment (Optional): \_\_\_\_\_