	MICHIGAN DEPARTMENT OF CORRECTIONS LEIN REQUEST		CAJ-1037 REV. 09/19	
		sted below. This informati prmation Network (LEIN).	on will be used to complete a c	riminal history check
Your Driver's complete this		tate Identification Card N	Number, date-of-birth, race a	nd sex is needed to
Employment/H	uman Resources 🗌			
		HR Personnel / R		
	Construction Amongol	Visitor		
	Contractor Agency		Agency Representing	
Volunteer	Aganay Paproponting	Other		<u> </u>
	Agency Representing	anorty of a Michigan Doparty	Agency Representing	
		perty of a Michigan Departin	nent of Corrections (MDOC) facility	
	formation below:			
Last Name:			Middle Nam	ie:
Address:				
City:		State:	Zip Code:	—
Date of Birth:		Sex:	Race:	_
Please provide	e the number of one	of the following types of	identification:	
Driver's License #:			State issued by:	
State ID #:			State issued by:	
			so that I may be approved to sit, meet with or work with MI	
operator licen			ze the Department to check will be allowed to operate a	
Signature:			Date:	
LEIN Complete	ed By: Name:		Date:	
LEIN Cleared	: Yes 🗌 No 🗌] (Does not apply to Hur	man Resources)	
MDOC Emplo	yment/HR purposes	: Indicate the # of convic	tions:	
Comment (Op	otional):			