



MICHIGAN DEPARTMENT OF CORRECTIONS
LEIN REQUEST

CAJ-1037
REV. 09/19

Facility/Project Name: Alger C.F. - Roof Replacement

File # 472/25266.JBB

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): _____