

MICHIGAN BAR APPLICANT REQUEST FOR OUT-OF-STATE CRIMINAL HISTORY REPORT

Re: _____
APPLICANT'S NAME

RECORDS CUSTODIAN'S NAME

STREET ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:

As an applicant for attorney licensing in the state of Michigan I am required to obtain criminal history records from central records repositories in states and other places where I have lived, worked, attended school, or visited for more than 2 consecutive weeks. I am:

NAME: LAST, FIRST, MIDDLE

ALIAS(ES), IF ANY

ADDRESS: STREET & NUMBER, CITY, STATE & ZIP CODE

DATE OF BIRTH: Month/Day/Year

GENDER

PLACE OF BIRTH

RACE

SOCIAL SECURITY NUMBER

I request that the above information and my enclosed fingerprints (if necessary) be checked by your agency; that my criminal history, if any, be investigated; and that you deliver a letter setting forth my criminal history or stating the lack thereof, in accordance with your records or any other knowledge you may have.

Please send the report of my criminal history to me at the address given above, unless your procedures require you to send it to the licensing body which is:

*State Bar of Michigan
Attention: Character & Fitness
Michael Franck Building
306 Townsend Street
Lansing, MI 48933-2083*

I understand your fee for providing this information is _____ and my remittance in that amount is enclosed. (Strike this sentence if it is inapplicable.)

I hereby waive any and all rights I may have against you, your agency or any of your officers or employees by reason of your furnishing information pursuant to this request.

Sincerely,

DATE

SIGNATURE OF APPLICANT

To be sent by Applicant to criminal records repository.