

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Health and Human Services

or

Copy Photo ID Here

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only).		

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box

Employer Volunteer Agency Adoption/Foster Care Home Screening Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
 Other

Name of Agency or Organization _____ Name of Requester _____

Address	City	State	Zip Code
Email	Fax	Phone Number	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.