

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

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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	County (For Michigan Residents Only).		

**SECTION 2 REQUESTER INFORMATION**

Please Check Appropriate Box				
<input type="checkbox"/> Employer	<input type="checkbox"/> Volunteer Agency	<input type="checkbox"/> Adoption/Foster Care Home Screening	<input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney	
<input type="checkbox"/> 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.