

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS**, access www.michigan.gov/dhs->Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Address	Phone Number	Date Of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Other _____	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name		Title	
Address		City	State
Zip Code			
Phone	Fax	E-mail	Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

INSTRUCTIONS

Instructions:

Please indicate below requestor's name and address where clearance response is to be returned. Please type to ensure delivery by the U.S. Postal Service.

Return Address

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

REGISTRATION OF PROFESSIONAL PERSONNEL
SECTION 1

REGISTRATION OF PROFESSIONAL PERSONNEL
SECTION 2

ONLY FIELD TO BE FILLED AND RETURNED TO YOU
ON ATTACHED CLEARANCE REQUEST
DO NOT REMOVE THIS LABEL