

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

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.

- INSTRUCTIONS:**
- All fields must be completed for processing.
 - All Children's Protective Services (CPS) workers, law-enforcement employees, court officials, and employers or volunteer agencies **MUST** provide either a copy of an agency badge OR a fax cover-sheet which includes agency letterhead.
 - For **ALL** employers, volunteer agencies, or individual central registry requests: an enlarged and clear copy of the employee's/volunteer picture identification **MUST** be attached.
 - Out-of-state requests:
 - In-state requests: Contact the local DHS office.
- Michigan Department of Human Services
 Children's Protective Services Program Office
 P.O. Box 30037
 235 S. Grand Avenue, Suite 510
 Lansing, MI 48909
 Phone: 517-335-3704
 Fax: 517-241-7047

SECTION 1 NAMES CLEARED

| NAME LAST, FIRST, MIDDLE (You) | AKA (Also Known As) (Maiden Name) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | Employee/Volunteer/Individual SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED |
|--------------------------------|---|---------------|------------------------|--|
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SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

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|---|--|
| <input type="checkbox"/> Child Welfare Agency | <input type="checkbox"/> Employer |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Volunteer Agency |
| <input type="checkbox"/> Law-Enforcement/Dept of Corrections | <input type="checkbox"/> Out-of-State Adoption and Foster Home Screening |
| <input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|--------|----------|
| Name of Employer/Volunteer Agency/Individual (You) | 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.
Individual request – will **ONLY** be sent to the address on the picture identification provided.

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