REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your <u>LOCAL</u> Department of Human Services (DHS) Office. See <u>www.michigan.gov/canregistryclearance</u> for information on central registry clearance requests and how to contact the local DHS office.

I an	n requesting that DHS provide me with a Central Regist	ry Clearance on myself.	
	ay's Date	•	
Nam	ne		
Birthdate		Social Security Number	
Curr	rent Mailing Address (Street No. and Name)		
City		State	Zip Code
Curr	rent Phone Number		
Othe	er Names By Which Known (Maiden Names/Former Names)		
_			
_			
Ind	icate below how you want to receive the results of t	• •	ce:
IDEN	I would like the results mailed to the address on my picture OU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMINIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COUR PICTURE IDENTIFICATION.	T ALONG WITH THIS FORM, A	COPY OF YOUR CURRENT PICTURE MAILED ONLY TO THE ADDRESS ON
☐ IF Y	I would like to pick up the results from the local DHS office. OU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON NOT MATCH, YOU MUST CHOOSE THIS OPTION.	YOUR PICTURE IDENTIFICATION	ON AND YOUR TEMPORARY ADDRESS
Ш	I would like the results mailed to: Employer/Potential Employer	☐ Volunteer Agency	
	Address:	Address:	
VOL	OU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANN UNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD OVIDED.	OT BE MAILED TO AN EMPLOYE D. A COPY OF YOUR CURRENT	ER/POTENTIAL EMPLOYER OR PICTURE IDENTIFICATION MUST BE
Sign	nature of Requestor	Signature of DHS Staff Person 0	Completing Request
AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary		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,	
PEN	IALTY: Inappropriate release of this information is a misdemeanor.	writing, hearing, etc., under the invited to make your needs know	Americans with Disabilities Act, you are