

Completion of the Request for Central Registry Clearance

You must print this form, complete and return it to:

Washtenaw Co. DHS
22 Center St.
Ypsilanti, MI 48198-9965

Please include a copy of your Picture Identification (i.e. driver's license) and a self-addressed stamped envelope so they can mail it back to you. You may opt to retrieve the form on your own, check the appropriate box on the form to fit your needs.

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

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

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request
------------------------	--

AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	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.
--	--