CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

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residents only).		
Residents Only)	s in County (For Michigan Residents Only)	☐ I am completing this for myself. ☐ I would like to pick up my results in
	Email	Phone Number
State Zip Code	City State	Address
Date of Birth	Social Security Number	Also Known as Name (AKA)
Date	Signature Required for Individual Being Cleared	Name, (First, Middle, Last)

SECTION 2 REQUESTER INFORMATION

		Employee Malinet
231. 477. 1770 Phone Number 231. 487. 1771	diation.org hax	Jane enorthern mediation org
etoskey MI 49770	1	The state St.
State	City	Address
Jane Millar		Worthern Community Mediation
Name of Requester		Name of Agency of Organization,
Corrections/Prosecuting Attorney		Other
Screening	cy Adoption/Foster Care Home Screening	☐ Employer ☑ Volunteer Agency
		Check Appropriate Box

with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL attached contact list. 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request

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

722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages. The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-

political beliefs or disability religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race,

DHS-1929 (Rev. 4-19) Previous edition obsolete