

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

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**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State
Phone Number	Email	Zip Code

I am completing this for myself.  I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

**SECTION 2 REQUESTER INFORMATION**

Check Appropriate Box  
 Employer  Volunteer Agency  Adoption/Foster Care Home Screening  Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney  
 Other

Name of Agency or Organization West Midland Family Center	Name of Requester Helen Roth
Address 4011 W. Isabella Rd.	City Shepherd
Email rothh@wmfc.org	Fax 989-832-5755
	State MI
	Zip Code 48883
	Phone Number 989-832-3256

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

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.

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