

EMPLOYER OR VOLUNTEER AGENCY CENTRAL REGISTRY CLEARANCE

INSTRUCTIONS: All fields must be typed and completed for processing.
 Attach a copy of your agency badge OR fax cover that includes agency letterhead
 Attach a copy of each individual's picture identification.

SECTION 1 Employee/Volunteer Information (Attach additional sheets if more rows are needed)				
NAME (INCLUDING ALSO KNOWN AS NAMES, INCLUDNG MAIDEN NAMES)	DATE OF BIRTH	SOCIAL SECURITY NUMBER (IF KNOWN)	Phone #	SIGNATURE OF EMPLOYEE/VOLUNTEER

SECTION 2 Inquiring Employer/Volunteer Agency Name, Address, Phone and Fax Number	
Requesting Staff Name & Title	
Employer/Volunteer Agency Name	
Employer/Volunteer Agency Address	
Office Phone	
Office Fax	

SECTION 3 Sign, Date, and Mail or Fax this Form to the Address Below	
<p>In-state requests:</p> <p>Contact the local DHS office.</p>	<p>Out-of-state requests: Michigan Department of Human Services Children's Protective Services P.O. Box 30037 235 S. Grand Avenue, Suite 510 Lansing, MI 48909-8150 Phone: 517-335-3704 Fax: 517-241-7047</p>

The confidentiality of central registry information is protected by Sections 7 through 7j 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.

By signing below, I agree that I understand that the confidentiality of central registry information must be strictly maintained and the penalties for releasing confidential information in violation of the Child Protection Law.

 Signature Date Name

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.