

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

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or

Attach a Separate Page

**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	Zip Code
	Email		
Phone Number	County (For Michigan Residents Only).		

I am completing this for myself.  I would like to pick up my results in

**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 Midland Community Church of the Nazarene	Name of Requester Safety Team	
Address 5700 Jefferson Ave	City Midland	State MI
Email safety@midlandnaz.org	Fax	Zip Code 48640
Phone Number 989-631-4620		

**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.