CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

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SECTION 1 INFORMATION ON PERSON BEING CLEARED

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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
Phone Number	Email		
☐ 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 ☐ Other	re Home Screening Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney		
Name of Agency or Organization	Name of Requester		
Grace Church Children's Ministry	Ryan Giegling (Children's Ministry Director)		
Address 1217 S. Mission St.	City Mount Pleasant	State MI	Zip Code 48858
Email ryan@gracemp.org	Fax (989) 775-7101		Number 954-4683
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.