

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer Volunteer Agency

CWIT
ATTN: NORMA
411 BUTTERNUT DRIVE
HOLLAND, MI 49424

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request

<p>AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.</p>	<p>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.</p>
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Center for Women in Transition
411 Butternut Drive
Holland, MI 49424

AUTHORIZATION AND WAIVER TO INVESTITGATE CRIMINAL BACKGROUND

I authorize Federal, State and Local government agencies to release and disclose to the Center For Women in Transition any and all information it may have in its records or may obtain from other sources under my name, address, social security number, driver's license (if applicable), and/or date of birth, including my fingerprints. I hereby waive written or other notice of the release or disclosure of any such information.

I release Federal, State and Local government agencies and its agent, representative, officers and employees from any liability, and I waive any claim, relating to the release of disclosure of information or opinions, and for any employment decisions made by the Center for Women in Transition as a result of such information.

For purposes of the Authorization and Waiver, a photocopy and/or facsimile copy of my signature shall have the same force and effect as my original signature.

Please print full name as it appears on your
Social Security Card

Signature

Other names by which I have been known
(including aliases, maiden name)

Date

Have you lived in Michigan continuously for the last 10 years? Yes No

Do not write below this line

A criminal background check has been done of the following categories:

- Protective Services Check
- Sexual Offenders List Check
- Probation & Parole List Check

The results have been reviewed and appropriate action, if necessary, has been taken.

Signature

Date

Print Name

Title

Signature

Date

Print Name

Title