

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 5-23)

<p><b>COPY PHOTO ID HERE</b></p> <p><b>OR</b></p> <p><b>ATTACH A SEPARATE PAGE</b></p>
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## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

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Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A)

Social Security Number

Date of Birth

Address

City

State

Zip Code

Phone Number

Email

I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

Signature Required for Individual Being Cleared

Date

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## SECTION 2 – REQUESTER INFORMATION

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Check Appropriate Box

Employer

Volunteer Agency

Out-of-State Child Caring Institution

Out-of-State Adoption/Foster Care Home Screening

Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Individual Self-Request

Name of Agency or Organization

Name of Requester

Address

City

State

Zip Code

Email

Fax

Phone Number