

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Drivers License 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 Send to CCDC County (For Michigan Residents Only).		

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box Employer Volunteer Agency Adoption/Foster Care Home Screening Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney Other Volunteer-Field Trips			
Name of Agency or Organization Congregational Child Development Center	Name of Requester Lisa Mowl-Director		
Address 327 North Washington Street	City Owosso	State MI	Zip Code 48867
Email ccdcrocks@yahoo.com	Fax 989-723-6668	Phone Number 989-725-9092	