

HS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 5-23)

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

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

SECTION 2 – REQUESTER INFORMATION

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

Big Brothers Big Sisters of Jackson Co

Karen Smith

Address

City

State

Zip Code

536 N. Jackson Street

Jackson

MI

49201

Email

Fax

Phone Number

ksmith@bbbsjackson.org

517-796-9004

517-784-7181