

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST
 Michigan Department of Health and Human Services
 (Revised 4-22)

COMPLETE THIS FORM IF YOU WOULD LIKE TO VOLUNTEER

IN A CLASSROOM or ATTEND A FILED TRIP or BE INVOLVED DURING BUSINESS HOURS

Submit your request to Michigan Department of Health and Human Services fax 517-763-0280

COPY PHOTO ID HERE

OR

EMAIL A CLEAR PICTURE TO
LEARNINGZONEPAC@GMAIL.COM

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	
<input checked="" type="checkbox"/> I am completing this for myself. <input type="checkbox"/> 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 Home Screening
 Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
 Other

Name of Agency or Organization Learning Zone Preschool	Name of Requester Amber Wood
Address 19615 Capital Ave NE	City State Zip Code Battle Creek MI 49017
Email learningzonepac@gmail.com	Fax Phone Number 269-282-0338 269-589-6423

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.