



Only use arrow down/up keys to navigate. Do not use tab key.

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Health and Human Services
(Revised 11-22a)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 - INFORMATION ON PERSON BEING CLEARED

Form with fields: 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

- I am completing this for myself.
I would like to pick up my results in County (For Michigan Residents Only).

SECTION 2 - REQUESTER INFORMATION

Check Appropriate Box

- Employer
x Volunteer Agency
Adoption/Foster Care Home Screening
Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
Child Caring Institution
Other

Form with fields: Name of Agency or Organization, Name of Requester, Address, City, State, Zip Code, Email, Fax, Phone Number

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

ICHAT Clearance (Secondary)

I am a:

- Parent/Guardian
- Grandparent
- Other _____

Please Print:

_____, _____, _____
First Name, Middle Name, Last Name

Race: _____

Sex:

- Male
- Female

Date of Birth: ____/____/____
Month / Day / YEAR

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Oakland Christian School to utilize the above information for obtaining a conviction-only criminal history file search.

Volunteer Signature

Date Signed

You may email the completed form to SecondaryOfc.Clearance@oaklandchristian.com or return it in person at the front desk kiosk.

Oakland Christian School
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Auburn Hills, MI 48326
248-373-2700