

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services  
(Revised 5-23)

**COPY PHOTO ID HERE  
OR  
ATTACH A SEPARATE PAGE**

## 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

*Boys & Girls Clubs of Grand Rapids*

*Zoe Willoughby - Barker*

Address

City

State

Zip Code

*235 Straight Ave NW*

*Grand Rapids*

*MI*

*49504*

Email

Fax

Phone Number

*ZWilloughby@BGCGrandRapids.org*

*(616) 233-9369*