

**EMPLOYER OR VOLUNTEER AGENCY CENTRAL REGISTRY CLEARANCE**

INSTRUCTIONS: All fields must be typed and completed for processing.  
 Attach a copy of your agency badge OR fax cover that includes agency letterhead  
 Attach a copy of each individual's picture identification.

- return to The Fowler Center  
 - Must be completed if 21 + older.  
 - Must attach a copy of your current license / state id.

**SECTION 1**  
 Employee/Volunteer Information  
 (Attach additional sheets if more rows are needed)

* NAME (INCLUDING ALSO KNOWN AS NAMES, INCLUDING MAIDEN NAMES)	* DATE OF BIRTH	* SOCIAL SECURITY NUMBER (IF KNOWN)	* Phone #	* SIGNATURE OF EMPLOYEE/VOLUNTEER
* must be filled out				

**SECTION 2**  
 Inquiring Employer/Volunteer Agency Name, Address, Phone and Fax Number

Requesting Staff Name & Title	Lynn M. Seeloff, CTRS Assistant Director
Employer/Volunteer Agency Name	The Fowler Center for Outdoor Learning
Employer/Volunteer Agency Address	2315 Harmon Lake Rd.; Mayville, MI 48744
Office Phone	989-673-2050
Office Fax	989-673-6355

**SECTION 3**  
 Sign, Date, and Mail or Fax this Form to the Address Below

In-state requests:  Contact the local DHS office.	Out-of-state requests: Michigan Department of Human Services Children's Protective Services P.O. Box 30037 235 S. Grand Avenue, Suite 510 Lansing, MI 48909-8150 Phone: 517-335-3704 Fax: 517-241-7047
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The confidentiality of central registry information is protected by Sections 7 through 7j 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.

By signing below, I agree that I understand that the confidentiality of central registry information must be strictly maintained and the penalties for releasing confidential information in violation of the Child Protection Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.