

# REQUEST FOR CENTRAL REGISTRY CLEARANCE

Camp Staff/Volunteer  
21 years of age or older

Purpose: This request for central registry clearance form is submitted to the licensing unit to determine if a camp staff member/volunteer who is 21 years of age or older is not named in a central registry case as a perpetrator of child abuse or child neglect in the state of Michigan as required by MCL 722.119. The results will be sent back according to the authorizations identified in Section II: Results Instructions.

Instructions:

1. All fields completed by camp staff/volunteer (requestor) providing authorization.
2. All fields must be legible for processing.
3. Submit completed form by mail, fax, or email to:

LARA-BCHS  
Adult Foster Care and Camps  
P.O. Box 30664  
Lansing, MI 48909  
Fax: 517-284-9709  
[LARA-BCHSAFCCampclearance@michigan.gov](mailto:LARA-BCHSAFCCampclearance@michigan.gov)

## Section I: Camp Staff/Volunteer

NAME (Last, First, Middle):	
Alias or other names used:	
Date of birth:	Social Security Number:
I authorize the department to conduct a central registry clearance on me and send the result as requested below.	
Signature:	Date:

## Section II: Result Instructions

The central registry clearance result letter will be sent by the department to the requestor or camp based on the instructions provided below by the requestor.

Check One:			
<input type="checkbox"/> Mail results to requestor or camp address listed below	<input checked="" type="checkbox"/> Email results to:	KrisS@CampBarakel.org	
Requestor Name or Camp Name: Camp Barakel			
Address: PO Box 159	City: Fairview	State: MI	Zip: 48621
Phone Number 989-848-2279	Camp Contact Name, if applicable: Kris Schedlbauer		

Any Questions about the Michigan Central Registry Clearance for Camps may be directed to the Bureau of Community and Health Systems Licensing Unit at (866) 685-0006.

AUTHORITY: PA 116 of 1973 and PA 218 of 1979.