



I hereby authorize the local department of human/social services, to research their records for any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect in which I have been named, and to release it to the agency listed at the end of this document. I understand that this information will be used solely to determine my suitability for continued employment.

I release the local department from any liability for any damages I may incur which may result from the release/use of this information. I submit the following information to assist the department in their search.

**APPLICANT TO COMPLETE:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_

Please List All Other Names By Which This Individual Has Been Known \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Prior Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

List all children associated with the applicant and any other people currently living in the home. Identify all of your biological/adopted children regardless if they are living in your home or are over 18 years of age.					
First Name	Last Name	Full Middle Name	Birthdate	Relationship	Do they live in your home?



I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge.

Signature (sign in the presence of a notary): \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**CENTRAL REGISTRY FINDINGS (To Be Used By Central Registry Staff Only)**

Based on information provided by the local department of social services, we have determined that the person named above is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect.

For more information, please contact \_\_\_\_\_

Located at Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ in reference to Child Protective Service Case/File # \_\_\_\_\_

As of this date, based on the information provided, the individual whose name was being searched is NOT contained in the Child Abuse/Neglect Central Registry.

Central Registry Staff Signature and Date \_\_\_\_\_

**SEND REPLY TO:** Interlochen Center for the Arts  
**Human Resources - DHHS Processing**  
PO Box 199  
Interlochen, MI 49643

fax: 231.276.7850  
office: 231.276.7338  
email: [haightmc@interlochen.org](mailto:haightmc@interlochen.org)