

Part 4 – Individual Rights

- a. I understand that upon my written request, the department will provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs.

Applicant's Signature

Date

**THIS FORM MUST BE MAINTAINED IN THE APPLICANT'S FILE AND
SHALL BE MADE AVAILABLE TO THE CHILD CARE LICENSING
DEPARTMENT UPON REQUEST.**

If you are concerned about maintaining personal information in the file, you may only black out the following information as all additional information is required by Michigan State Police:

- **Social Security Number**
- **Address**
- **Driver's License Number**
- **Telephone Number**
- **Email Address**
- **Prior Residency Information.**