**Release of Sex Offender Registration Information**

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| **I. Registrant Information** | | | | | |
| Name of Registrant | Registrant Date of Birth | | Registration Number | | |
| Street Address | City | State | | | Zip Code |
| **II. Authorized Representative** | | | | | |
| Name of Representative | Phone Number | Email Address | | | |
| Street Address | City | State | | | Zip Code |
| **III. Authorization** | | | | | |
| I, the above-named registrant, authorize the Michigan State Police (MSP) to release my Sex Offender Registration (SOR) information to the above-named authorized representative. The information authorized for disclosure includes all information associated with my registration including, but not limited to confidential information, public and non-public information, and details regarding my Michigan SOR registration. I release the MSP from any liability for disclosing information under this authorization. | | | | | |
| Signature of Registrant | | | | Date | |
| Signature of Representative | | | | Date | |
| **IV. Notary Use Only** | | | | | |
| Signed and sworn before me in: | | | | | |
| County | State | | | Date | |
| Notary’s Signature | Notary’s Stamp | | | | |

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| **Submit form via one of the following methods:** | | |
| **Mail To:** Michigan State Police Attn: Records Resource Section P.O. Box 30634 Lansing, Michigan 48909-0634 | **Fax:** 517-241-1935 | **Email:** [MSPRecords@michigan.gov](mailto:MSPRecords@michigan.gov) |