**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 PoliceAttn: Records Resource SectionP.O. Box 30634Lansing, Michigan 48909-0634 | **Fax:** 517-241-1935  | **Email:** MSPRecords@michigan.gov |