



School/Childcare Petition to Modify MCIR Data

Return completed forms via email or fax to the MCIR Help Desk:
MDHHS-MCIRHelp@michigan.gov (encrypt emails) or 517-763-0370

This form is for schools (non-public, public, and charter), childcare centers, Head Start, preschools, and migrant program use only.

Change or Correct Child’s Information or Immunization Data

- Complete Sections: 1, 2, and 3 for all requests. Complete sections 4a and 4b for date of birth, spelling, or sex corrections. Complete section 4c for duplicate records. Complete section 5 for immunization corrections.
- For adoptions or legal name changes, the parent or guardian must complete the [MCIR Public Request to Change Information](#) form.

Sections 1-3 are REQUIRED for ALL requests. Failure to do so will delay the processing of this request.
Documentation is REQUIRED for immunization corrections.

SECTION 1 – Requestor’s Information (REQUIRED)						
Name of School/Childcare*		Email Address*			County	
Full Name - Person Completing Form*		Phone Number*			Fax Number	
		()	Ext:	()		
SECTION 2 – Request Information (REQUIRED)						
Requestor Type*		Correction Requested*			Notes/Comments	
School	Preschool	Date of Birth	Duplicate Record			
Childcare Center	Migrant	Spelling	Immunization			
Head Start		Sex				
SECTION 3 – Parent/Guardian Contact Information						
Name*			Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
SECTION 4 – Record Information						
4a. Child’s Information AS IT CURRENTLY APPEARS IN MCIR						
Last Name/Suffix	First Name	Middle Name	Date of Birth	MCIR ID	Sex	X
					M	F
4b. Child’s CORRECT Information (Use " to indicate if the field is unchanged from 4a)						
Last Name/Suffix	First Name	Middle Name	Date of Birth	MCIR ID	Sex	X
					M	F
4c. Duplicate Records						
Check the box to indicate the correct record to be kept during the duplicate record merge process. Enter corrections above in 4b if neither duplicate record is correct.						
Last Name/Suffix	First Name	Middle Name	Date of Birth	MCIR ID	Sex	X CORRECT?
					M	F
Last Name/Suffix	First Name	Middle Name	Date of Birth	MCIR ID	Sex	X CORRECT?
					M	F
SECTION 5 – Immunization Corrections (DOCUMENTATION REQUIRED)						
Attach a copy of immunization data such as a doctor’s record verifying the requested change. For duplicates: Enter the vaccine name, write “duplicate” under Correct Date, and mark Delete. Schools and childcares can modify vaccines entered by their facility. Click to modify if the vaccine date is red/underlined. White vaccine data is entered by a healthcare professional and cannot be modified by the school or childcare. The parent or guardian must contact the child’s pediatrician or the local health department to fix errors.						
Vaccine Name (be as specific as possible)		MCIR Date	Correct Date	Modify	Delete	

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