

**Authorization for Release of Dependent Adult Abuse Information**

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, 5th Floor, Des Moines, IA 50319-0114 or fax to 515-242-6884.

**To be completed by the person requesting information:**

Requester <i>Inquirehire</i>			
Address <i>320 LeClaire St.</i>			
City <i>Davenport</i>	State <i>IA</i>	Zip Code <i>52801</i>	Phone Number <i>563-323-5922</i>

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information?

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature <i>Jan M. Buehler</i>	Date
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**To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:**

Signature	Date
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**To be completed by the Central Abuse Registry or designee:**

- ☐ The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ This request for information is denied because the form is incomplete.

Signature	Date
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Comments:

**AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION**

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

**PART A: To be completed by the person requesting information.**

1.	Requester <u>Inquirehire</u>			
	Address <u>320 LeClaire St.</u>			
	City <u>Davenport</u>	State <u>IA</u>	Zip Code <u>52801</u>	Phone Number <u>(563) 323-5922</u>
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information?			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature <u>James M. Sweeney</u>			Date

**PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature	Date
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**PART C: To be completed by the Central Abuse Registry or designee.**

1.	<input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2.	<input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3.	<input type="checkbox"/> This request for information is denied because the form is incomplete.
Signature	
Date	

Comments
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