



Iowa Department of Human Services

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

This form must be used to authorize release of child or dependent adult 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 for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry       Dependent Adult Abuse Registry       Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address       Fax       Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Waters	First Jimmy	Agency Name 3rd Degree Screening, INC	Telephone Number (712)256-1701
Address 100 East Broadway, Suite 201			Fax Number (866)551-4908
City Council Bluffs	State IA	Zip Code 51503	Email Researchers@3rd
List the name and address of the person whose information is being requested:			DegreeScreening.com
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State      Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information? Potential Employment and/or Volunteer			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor <i>Jimmy Waters</i>			Date

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested 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 of Registry Staff or Designee	Date
Comments	