

Iowa Department of Human Services
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 who information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

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

1.	Requester Diocese of Des Moines			
	Address 601 Grand Avenue			
	City Des Moines	State Iowa	Zip 50309	Phone Number (515) 237-5085
2.	The information concerns: Name (first, middle initial, last):			
	Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
3.				
4.	What is the purpose of your request for child abuse information? Applicant, Employee or Volunteer			
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Diocesan Representative's Signature:			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.

Applicant, Employee or Volunteer's Signature: X	Date

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

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because the form is incomplete.

DHS Representative's Signature:	Date:
Comments:	