

Iowa Department of Human Services  
DENIAL OF REQUEST FOR REVIEW OF PROPOSED RELEASE TO  
CONSUMER REPORTING AGENCIES

**Obligor's Name**  
**Obligor's Address Line 1**  
**Obligor's Address Line 2**  
**Obligor City, State and Zip**

**Current Date (mm/dd/ccyy)**  
CSC Number: **0000000**

Your request for a consumer reporting review is denied. Your request for a review was received on **Date Request Received (mm/dd/ccyy)**. A request for a review of the Proposed Release to Consumer Reporting Agencies must be received within 15 days of the date on the notice. Your request was received after the end of the 15 day time period.

It is too late to ask for a formal review. However, there is still time to adjust your balance before the information is released. If you have information that will affect your balance, it must reach the Child Support Recovery Unit by **(mm/dd/ccyy)**. Also, you may avoid being reported by making payments that bring your balance below \$1000.00. The Collection Services Center must receive these payments before **(same date)**. If information or a payment is not received by **(same date)**, the information specified on the Notice of Proposed Release to Consumer Reporting Agencies will be released to the consumer reporting agencies.

**Worker Name**  
**CSRU office**  
**CSRU Address Line 1**  
**CSRU Address Line 2**  
**CSRU City, State and Zip**

Send Payments To:  
Collection Services Center  
PO Box 9125  
Des Moines IA 50306