



Iowa Department of Human Services
Record Check Authorization

I hereby authorize the Department of Human Services to conduct any or all of the following pursuant to Iowa Code 237A.5:

- ◆ A check of the Iowa sex offender registry and the sex offender registries of other states.
- ◆ A check of the Iowa child abuse registry and child abuse registries of other states.
- ◆ A check of the Iowa dependent adult abuse registry and dependent adult abuse registries of other states.
- ◆ An Iowa criminal history record check with the Division of Criminal Investigation and criminal history databases of other states. (Any information maintained by the Iowa DCI will be released as allowed by law, including deferred judgments and records of arrest, without a disposition, greater than 18 months old.)
- ◆ A check of Iowa public or civil offense records or those of other states.

Signature	Date
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Information Required for Registry and Record Check

Please type or print legibly.

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)		Alias (if applicable)	
Alias (if applicable)		Alias (if applicable)	
Date of Birth	Gender	Social Security Number (###-##-####)	
Address 1		Address 2	
City		State	Zip Code