



## 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 ☒ [nhanson@onesourcebackground.com](mailto:nhanson@onesourcebackground.com)

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

Requester: Last	First	Agency Name		Telephone Number
		One Source the Background Check Company		(800) 608-3645
Address				Fax Number
PO Box 24148				(800) 929-8117
City	State	Zip Code	Email	
Omaha	NE	68124	<a href="mailto:nhanson@onesourcebackground.com">nhanson@onesourcebackground.com</a>	
List the name and address of the person whose information is being requested:				
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?				
Employment				
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			Date	
<i>Nick Jasa</i>				

**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

**Section 3: To be completed by the Central Abuse Registry or designee.**

<input type="checkbox"/> The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.	
<input type="checkbox"/> The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.	
<input type="checkbox"/> The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.	
<input type="checkbox"/> The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.	
<input type="checkbox"/> This request for information is denied because the form is incomplete.	
Signature of Registry Staff or Designee	Date
Comments	