



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.

Abuse Registry being requested: Child Abuse Dependent Adult Abuse Both

Please specify your preferred method of response: Address Fax Email

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

Form section 1 containing fields for Last Name (JOYNER), First Name (KATELYN), Agency Name (VIEWPOINT SCREENING), Telephone Number (888-974-8111), Address (130 N FRONT STREET STE 300), Fax Number (888-516-2444), City (WILMINGTON), State (NC), Zip Code (28401), Email (RESULTS@VIEWPOINTSCREENING.COM), Purpose of request (BACKGROUND CHECK REQUIREMENT FOR EDUCATIONAL FIELD EXPERIENCE), and Signature of Requester (Katelyn Joyner).

Section 2: To be completed by person authorizing HHS to release their abuse information.

Form section 2 containing fields for Name (last, first, middle), Birth Date, Social Security Number, Address, City, County, State, Zip Code, List maiden name, previous married names, and any alias, I understand that my signature authorizes the requestor 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 2 of this form is correct, and Signature of Person Authorizing Release.

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

Form section 3 containing a large empty box for text and fields for Signature of Registry Staff or Designee and Date.