

**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 whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305. Fax to: 515-564-4112

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

1.	Requester			
	Address			
	City	State	Zip Code	Phone Number (    )
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information?			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	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.

Signature	Date
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**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.

Signature	Date
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Comments
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## **LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION**

### **Redissemination of Child Abuse Information (Iowa Code 235A.17)**

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code 235A.21)**

- ◆ Any person is guilty of a criminal offense when the person:
  - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
  - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
  - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.