

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in 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, IA 50305 or fax to 515-242-6884. 564-4112

To be completed by the person requesting information:

Requester			
Address			
City	State	Zip Code	Phone Number

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

What is the purpose of your request for dependent adult abuse information?

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature	Date
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To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature	Date
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To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature	Date
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Comments: