

Iowa Department of Human Services

**REQUEST FOR CHILD ABUSE INFORMATION**

Persons or agencies with authorized access to child abuse information must use this form to request information about a registered child abuse report. Complete a separate form for each family or individual.

**SECTION I: To be completed by the person or agency requesting the information.**

Requester: Last		First		or Agency Name		Telephone Number ( )	
Street				City		State	Zip Code
Relationship to the persons listed in Section II or III:							
I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. I understand that this request will not be approved unless I have authorized access.							
Signature of Requester					Date		

Complete Section II if the purpose of this record check is employment, licensing or registration, or payment approval.

**SECTION II: List the name and address of the person whose record is being checked.**

Last		First		Middle	Birth Date		Social Security Number	
Street				City	County	State	Zip Code	
List maiden name, any previous married names, and any alias:								

Complete Section III if the request is for a copy of the written summary of the abuse investigation or assessment.

**SECTION III: Request for written summary.**

Parent's Name(s): Last		First		Middle	County	Birth Date	Social Security Number	
Street				City		State	Zip Code	
List maiden name, any previous married names, and any alias:								
<b>Children's Name(s)</b> (Attach additional pages if necessary):								
Last		First		Middle	County	Birth Date	Social Security Number	

**SECTION IV: Registry or designee decision.**

- This request for information is approved.
- This request for information is denied because:

Signature

Date