

## Iowa Child / Adult Abuse Service Instructions

Dear Student,

To complete the Iowa Child and Adult Abuse Check for your College/University please follow the below steps:

1. Print the Authorization for Release of Abuse Information Form. This form needs to be filled out in its entirety. If a section does not apply to you, put N/A. This form also needs to be signed in order for it to be processed by the state department.

**Please note: an electronic signature is NOT acceptable.**

2. Fax or email your completed form to the following:

Fax: 303-865-3900 or 1-877-535-1735

Email: [support@americandatabank.com](mailto:support@americandatabank.com)

If you have any questions or concerns, please contact American DataBank at 1-800-200-0853 or [support@americandatabank.com](mailto:support@americandatabank.com).

Sincerely,

**Abuse Department  
American DataBank Group  
110 16<sup>th</sup> St. 8<sup>th</sup> Fl.  
Denver, CO 80202**



### 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

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

Requester: Last	First	Agency Name	Telephone Number
		American DataBank	( 303 ) 573-1130
Address			Fax Number
110 16th Street, 8th Floor			( )
City	State	Zip Code	Email
Denver	CO	80602	ex@americandatabank.com

List the name and address of the person whose information is being requested:

Name (last, first, middle)	Birth Date	Social Security Number
John E. Doe	01/18/1978	123-45-6789
Address	City	County
123 Main Street	Cedar Rapids	Linn
	State	Zip Code
	IA	52303
List maiden name, previous married names, and any alias:		
Smith		

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

Education and Clinical Experiences

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

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested 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 of Registry Staff or Designee	Date
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Comments
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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, 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

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

Requester: Last First Agency Name American DataBank Telephone Number (303) 573-1130
Address 110 16th Street, 8th Floor Fax Number
City Denver State CO Zip Code 80602 Email ex@americandatabank.com
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?
Education and Clinical Experiences
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

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.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested 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 of Registry Staff or Designee Date
Comments

## **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.