

Iowa Department of Human Services

REQUEST FOR CHILD ABUSE INFORMATION

*Misc
twice
fwd*

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	
			Iowa City Community School District		(319) 688-1000	
Street			City	State	Zip Code	
509 S. Dubuque Street			Iowa City	IA	52240	
Relationship to the persons listed in Section II or III: Employer						
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		
<i>James J. Pedersen</i>				9-16-05		

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	
Anderson		Patrick	T	03/17/1979		484-04-6678	
Street			City	County	State	Zip Code	
1711 Oak Lake Park Road			Coralville	Johnson	IA	52241	
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:							
Children's Name(s) (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:

Registry only contains registered child abuse information. Iowa Code 232.71

There is NOT a record.

Signature		Date
<i>[Signature]</i>		08-27-2005
		SEP 22 2005

ACCOUNT NUMBER: 9749-F

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

*Murphy
Tuan*

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138 (Voice - Days)
(515) 281-4776 (Voice - Evenings)
(515) 242-5876 (Fax)

FROM: Iowa City Community School District
809 S. Dubuque St.
Iowa City, IA 52240
(319) 688-1009 (Fax)
(319) 688-1000 (Phone)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

X Anderson
Last Name (Mandatory)

X Patrick
First Name (Mandatory)

X Thomas
Middle Name (Recommended)

X 03/17/1979
Date of Birth (Mandatory)

X Male
Sex (Mandatory)

X 484-04-6678
Social Security Number (Recommended)

James S. Anderson
Signature of Requestor

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of 9-21-05, a name and date of birth check revealed;
Date

CCH record attached

No CCH record found

DCI initials *AS*

Waiver

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

X *[Signature]*
Signature

X 08-27-2005
Date

2005 SEP 16 11:38:51
STATE OF IOWA
DIVISION OF CRIMINAL INVESTIGATION