




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.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☒ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☒ Email

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

Last Name Ankeny Christian Academy	First Name	Agency Name	Telephone Number 515-965-8114
Address 1604 W 1st Street			Fax Number 515-965-8210
City Ankeny	State IA	Zip Code 50023	Email hr@acaeagles.net
What is the purpose of your request for child or dependent adult abuse information? Volunteer or employment			
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 Requester 			Date 8/12/25

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
I understand that my signature authorizes the requestor 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 2 of this form is correct.				
Signature of Person Authorizing Release			Date	

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

Signature of Registry Staff or Designee		Date
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Complete a separate form for each person for whom information is requested and email to iowaabuseregistry@hhs.iowa.gov, or fax to (515) 564-4112, or mail to the Iowa Department of Health and Human Services, FWBP/CPS/Operations/Registry, 321 E. 12th Street, Des Moines, IA 50319.

Legal Provisions for Handling Child and Dependent Adult Abuse Information

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not retransmit (release) this information, except that retransmission is permitted when **ALL** of the following conditions apply:

- The retransmission 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 such information would be retransmitted would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the retransmission, including the name of the recipient and the date and purpose of the retransmission.
- The written record is forwarded to the Central Abuse Registry within 30 days of the retransmission.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION

PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION

Please provide all required demographic information on the form or it will be returned.
Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us