



Request and Acknowledgement to Conduct Registry and Record Check

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and/or DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Sexual Offender Registry

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Child Abuse Registry

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Dependent Adult Abuse Registry

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Criminal History Record

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information.

Signature	Date
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Information Required for Registry and Record Check *(Please type or print legibly.)*

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable)
Date of Birth	Gender	Social Security Number	Reason for Check Select Reason From List
Address			City
State	ZIP	<input type="checkbox"/> This is an initial check. <input type="checkbox"/> This is a renewal or recheck.	

<i>For DHS Employees, Volunteers or Contractors only</i>	
Position	
Central Office	Service Area
CSRU/TCM	Institution

<i>For Child Care Center Employees or Volunteers only</i>	
Requestor Name	
Mailing Address	

IRS Federal Tax Information Background Check		
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Last Name	First Name	Date
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If a position requires access to IRS Federal Tax Information, we are required to run background checks for all locations where you have lived, worked or gone to school during the last **five** years.

- IRS Federal Tax Information Background Check Required**
If this box is checked, the position you are applying for or are currently in requires this check.

Please list the addresses where you have lived, worked or gone to school during the last **five** years below:

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Address		
City	State	ZIP
Dates you lived, worked or attended school in this location:		

Please attach additional sheets if necessary.