



ACKNOWLEDGEMENT OF UNDERSTANDING  
REGARDING SEARCH OF CHILD ABUSE, DEPENDENT ADULT ABUSE AND SEX  
OFFENDER REGISTRY INFORMATION FOR SCHOOL VOLUNTEERS

I understand that, as a prospective volunteer for the Council Bluffs Community School District, my name will be submitted by the District for a search of the Iowa and Nebraska Child and Dependent Adult Abuse Registries as well as a search of all available national and/or state registries or databases of sex offenders.

I understand the information in the Child and Dependent Adult Abuse databases includes records of individuals who have been convicted of child or dependent adult abuse in Iowa or Nebraska. I also understand the information in the National and/or State sex offender registries may include any recordable offense of a sexual nature against an individual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Please Print



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: [http://dhhs.ne.gov/children\\_family\\_services/Pages/nea\\_cr.aspx](http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx) .

**ORGANIZATION INFORMATION**

Registered Organization ID Number	Registered Organization Name
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**APPLICANT INFORMATION**

First	Middle	Last Name
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Date of Birth	Age	Social Security Number
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Current Address

City	State	Zip Code
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Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:
  - a. Date of the alleged child abuse or neglect; and
  - b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:
  - a. Date of the alleged adult abuse or neglect; and
  - b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

**Section A - Verification of Identity of Applicant: Section A or B must be completed.**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed Name of Applicant) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

**Section B - Verification of Identity of Applicant: Section A or B must be completed.**

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

\_\_\_\_\_  
Signature of Organization Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Organization Employee

\_\_\_\_\_  
Signature of Applicant's Legal Guardian

\_\_\_\_\_  
Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

**Verification of Identity of Applicant's Legal Guardian (If applicable)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed name of Applicant's Legal Guardian) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public



### 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 (    )
Address			Fax Number (    )	
City	State	Zip Code	Email	
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?				
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
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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
Comments	

## **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 redisseminate (release) this information, except that 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 such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ 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 Central Abuse Registry within 30 days of the redissemination.

### **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.