

IOWA DEPARTMENT OF PUBLIC SAFETY
SEX OFFENDER REGISTRY

REQUEST FOR REGISTRY INFORMATION

Pursuant to 692A.13, Subsection 3., Code of Iowa, this written request is for information on the person with the following name and one or more of the following identifiers – address, date of birth, or Social Security Number:

Registrant's Last Name

First

Middle

Registrant's Address

Apt.

City

State

Zip

Date of Birth

Social Security Number

Person Requesting Registry Information:

Requester's Last Name

First

Middle

Requester's Address

Apt.

City

County

State

Zip

As the person requesting information, I request that the Sheriff/Police Department maintain my name/address as a:

Confidential Record (22.7, Code of Iowa)

I do not consent to this form being treated as a public record.

I would be discouraged from requesting information from the Sex Offender Registry if this document was available to the public.

Public Record

I consent to this form being treated as a public record. I understand that any member of the public can request a copy of this document for viewing and copying.

Signature of Requester

Signature of Agency Official

Date

Agency

Date

Time

Results of This Request:

Not registered at this date and time.

Registered - Information provided to requester.