

**IOWA DEPARTMENT OF PUBLIC SAFETY SEX OFFENDER REGISTRY**  
**REQUEST FOR REGISTRY INFORMATION**

Pursuant to 692A.13(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:

**Registrants Identifiers:**

Registrants Last Name	First	Middle
Registrant's Address		
City/State/Zip	Date of Birth	Social Security Number
Maiden, Previous used names, Alias's and/or Social Identifiers		

**Person Requesting Registry Information:**

Requestor's Last Name (or Agency Name)	First	Middle
Requestor's Address		City/State/Zip
Phone Number	Fax Number	

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 as 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 Requestor	Date
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Results of This Request:

- Not registered according to the **Iowa Sex Offender Registry** data bank on this date and time with the information provided on the subject above.
- Registered – Information provided to requester

***Linn County Sheriff's Office***

Signature of Agency Official - Date	Agency
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